

Gouvernement du Canada

APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

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*Family name Given name(s) SRIVASTAVA HIMANSHU SUSHIL	Sandard Mariner				or entered into the c	ommon-law relations	hip				
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PERSONAL DETAILS (CONTINUED)	-02-10							
PERSONAL DETAILS (CONTINUED)								
11 Have you previously been married or in a common-law relationship? Ves								
Provide the following details for your previous Spouse/Common-law Partner:								
Family name Given name(s)								
	T.							
c) Date of birth Type of relationship From To								
YYYY MM DD YYYY-MM-DD YYYY-MM-D	d d							
LANGUAGE(S)	y.							
1 *a) Native language/Mother Tongue	3 1 1							
Hindi English	, 1							
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? Ves	1							
PASSPORT	1							
1 *Passport number 2 *Country or territory of issue 3 *Issue date 4 *Expiry date								
S8147808 IND (India) 2018-08-31 2028-0	8-30							
YYYY-MM-DD YYYY-MM-	DD							
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? No Yes								
*For this trip, will you use a National Israeli passport? No Yes								
NATIONAL IDENTITY DOCUMENT								
Do you have a national identity document?								
2 Document number 3 Country or territory of issue 4 Issue date 5 Expiry date								
YYYY-MM-DD YYYY-MM-	DD							
US PR CARD								
1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? Vo Yes								
2 Document number 3 Expiry date	ı							
YYYY-MM-DD								
CONTACT INFORMATION	1.7							
If submitting your application by mail:	1							
- All correspondence will go to this address unless you indicate your e-mail address below.								
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.								
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form	1,							
1 Current mailing address	Î							
P.O. box Apt/Unit Street no. *Street name								
324 1370 WHISTLE WAY								
*City/Town *Country or Territory *Province/State *Postal code District								
ZIOSNVILLE United States of America IN 46077								
2 Residential address Same as mailing address? No Ves								
Apt/Unit Street no. Street name City/Town								
and the second s								
Country or Territory Province/State Postal code District								
3 Telephone no. Canada/US Other 4 Alternate Telephone no. Canada/US Other								
Country Code No.	1							
Type Country Code No. Ext. Type Country Code No.	Ext.							

	olicant Name	<u>}</u>								Date of Birth	
\vdash	STOGI, A.									1991-02-10	
5	Fax no.							6 E-mail add	ress		
	Canac	la/US		Country Code No.		Ext.		anunriv	rarastogy@gmail.com		
	Other	r						anapity	araseogy@gmarr.com		
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	TAILS OF I	NTEND	ED WO	RK IN CANADA					1		
	*What type	of work p	oermit ar	e you applying for?							
Op	en Work	Permi	.t								
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a) N	lame of Emp	loyer (If y	ou are e	mployed by a foreign empl	loyer who has been aw	varded a c	ontra	act to provide ser	vices to a Canadian entity, please identify the foreig	yn employer here)	
Co	gnizant	Techn	ology	Solutions							
b)	Complete Ac	dress of	Employe	er (Canadian or Foreign):							
71	00 W Credi	t Ave, N	lississau	ıga, ON L5N 5N1, Canac	la						
3	Intended lo	cation of	employi	ment in Canada?							
*Pro	ovince	*City/To	own			*Addres	S				
ОИ		Missi	ssaug	ga.		7100	M C	Credit Ave,	Mississauga, ON L5N 5N1, Canada		
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	employ	ment		2021-08-30 YYYY-MM-DD	2023-08-31 YYYY-MM-DD	-					
ED	UCATION										
	Have you ha	ad any po	ost secor	ndary education (including	university, college or a	apprentice	eship	training)?	*No *Yes		
	If you answe	ered "yes	s", give f	ull details of your highest le	vel of post secondary	education	۱.				
		From		Field and level of study		9	Schoo	ol/Facility name			
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		of your e		nent for the past 10 years, in	ncluding if you have he	eld any go	vern	ment positions (s	such as civil servant, judge, police officer, mayor, me	ember of parliament,	
		From		*Current Activity/Occupa	ntion				*Company/Employer/Facility name		
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	201	9	07	Business Analys	t				Global Bridge Infotech Inc.		
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Applicant Name		Date of Birth
RASTOGI, A.		1991-02-10
BACKGROUND INFORMATION		1.14
You must complete this section if you are 18 years of age or older.		
a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	√ No	Yes
b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	✓ No	Yes
c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		
		f 1
a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	✓ No	Yes
b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	√ No	Yes
c) Have you previously applied to enter or remain in Canada?	√ No	Yes
d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.		
		,1
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		4 19
a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory?	✓ No	Yes
b) If you answered "yes" to question 3a) above, please provide details.	<u> </u>	
		1
4 a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service,		
reserve or volunteer units)?	✓ No	Yes
b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.		
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5 Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	✓ No	Yes
6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	✓ No	Yes
If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.		T T
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			PAGE 3 OF
Applicant Name			Date of Birth
RASTOGI, A.			1991-02-10
SIGNATURE			
Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC' request, may want the application process (such as participation in an information forum), during the application process and services received after arriving in Canada (including settlement, integration and citizenship). IRCC research, performance measurement or evaluation purposes. IRCC will not use this information to ma	s (including the C will use this it	e application process nformation, along wit	itself as well as orientation or accreditation services), h the information provided by other individuals, for
Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N)	No	✓ Yes	
I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Se request that any government authority, including police, judicial and state authorities in all countries i my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.	ervices Agency n which I have	(CBSA) of all records lived may possess ab	and information for the purpose of processing my out me. This information will be used to evaluate
I declare that I have answered all questions in this application fully and truthfully.			3
Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.			Date: YYYY-MM-DD
drupuja Kastoji			2021-07-24
IMPORTAN▼ NOTE: This application must be signed and dated before it is submitted by mail.			
Do not forget to include photos, fees (if applicable) and any other documents required. Rev	view the applic	ation guide for more	information and verify that you have

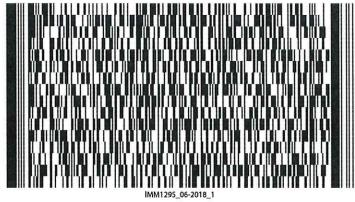
DISCLOSURE

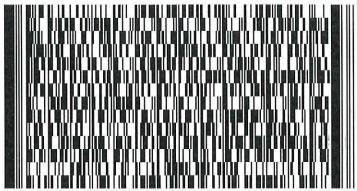
Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

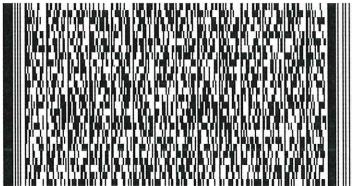
Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA





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IMM1295_06-2018_3

