



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.

1 UCI	2 *I want service in English
-------	---------------------------------

OFFICE USE ONLY
Validated
Yes

PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document) RASTOGI		Given name(s) (as shown on your passport or travel document) ANUPRIYA	
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Family name		Given name(s)	
3 *Sex F Female	4 Date of birth 1991 02 10 *YYYY *MM *DD	5 Place of birth *City/Town MEERUT *Country or Territory India	
6 *Citizenship India			
7 Current country or territory of residence:			
Country or Territory	Status	Other	From To
* United States of America	* Foreign National		YYYY-MM-DD YYYY-MM-DD
8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Country or Territory	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
			YYYY-MM-DD YYYY-MM-DD
9 Country or territory where applying: Same as current country or territory of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Country or Territory	Status	Other	From To
			YYYY-MM-DD YYYY-MM-DD
10 *a) Your current marital status Married		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship ► *Date 2018-12-11 YYYY-MM-DD	
c) Provide the name of your current Spouse/Common-law partner *Family name SRIVASTAVA		Given name(s) HIMANSHU SUSHIL	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name RASTOGLI, A.	Date of Birth 1991-02-10
--------------------------------	-----------------------------

PERSONAL DETAILS (CONTINUED)

11 Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Provide the following details for your previous Spouse/Common-law Partner: <table border="1"> <tr> <td>Family name</td> <td>Given name(s)</td> </tr> <tr> <td></td> <td></td> </tr> </table>				Family name	Given name(s)		
Family name	Given name(s)						
c) Date of birth	Type of relationship	From	To				
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD				

LANGUAGE(S)

1 *a) Native language/Mother Tongue Hindi	*b) Are you able to communicate in English and/or French? English	c) In which language are you most at ease?
---	--	--

d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☒ No ☐ Yes

PASSPORT

1 *Passport number S8147808	2 *Country or territory of issue IND (India)	3 *Issue date 2018-08-31 YYYY-MM-DD	4 *Expiry date 2028-08-30 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? <input type="checkbox"/> No <input type="checkbox"/> Yes			
6 *For this trip, will you use a National Israeli passport? <input type="checkbox"/> No <input type="checkbox"/> Yes			

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2 Document number 	3 Country or territory of issue 	4 Issue date YYYY-MM-DD	5 Expiry date 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)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2 Document number 	3 Expiry date YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail:

- 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 Current mailing address					
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
Apt/Unit	Street no.	Street name		City/Town	
Country or Territory		Province/State	Postal code	District	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code

Applicant Name RASTOGI, A.		Date of Birth 1991-02-10
5 Fax no. <input type="checkbox"/> Canada/US Country Code No. Ext. <input type="checkbox"/> Other	6 E-mail address	

DETAILS OF INTENDED WORK IN CANADA

1 *What type of work permit are you applying for? Open Work Permit							
2 Details of my prospective employer (attach original offer of employment)							
a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)							
b) Complete Address of Employer (Canadian or Foreign):							
3 Intended location of employment in Canada? <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 10%;">Province</td> <td style="border: none; width: 30%;">City/Town</td> <td style="border: none; width: 60%;">Address</td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		Province	City/Town	Address			
Province	City/Town	Address					
4 My occupation in Canada will be: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;">Job title</td> <td style="border: none; width: 60%;">Brief description of duties</td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none;"></td> </tr> </table>		Job title	Brief description of duties				
Job title	Brief description of duties						
5 Duration of expected employment	From YYYY-MM-DD	To YYYY-MM-DD	6 Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No. <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>				

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
If you answered "yes", give full details of your highest level of post secondary education.				
1	From	*Field and level of study	*School/Facility name	
	2008 07 *YYYY *MM	B.TECH in ECE	SUBHARTI INSTITUTE OF TECHNOLOGY AND ENGINEERING	
	To	*City/Town	*Country or Territory	Province/State
	2012 06 *YYYY *MM	MEERUT	India	

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)				
1	From	*Current Activity/Occupation	*Company/Employer/Facility name	
	2020 03 *YYYY *MM	Sr Product Specialist	Cognizant Global Solutions	
	To	*City/Town	*Country or Territory	*Province/State
	YYYY MM	Zionsville	United States of America	IN
2	From	*Previous Activity/Occupation	*Company/Employer/Facility name	
	2019 07 *YYYY *MM	Business Analyst	Global Bridge Infotech Inc.	
	To	*City/Town	*Country or Territory	*Province/State
	2020 01 *YYYY *MM	Zionsville	United States of America	IN
3	From	*Previous Activity/Occupation	*Company/Employer/Facility name	
	2015 07 *YYYY *MM	Software Engineer	Optum Global Solutions	
	To	*City/Town	*Country or Territory	Province/State
	2019 04 *YYYY *MM	Noida	India	

Applicant Name
RASTOGI, A.

Date of Birth
1991-02-10

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	<p>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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).</p> <div style="background-color: #f0f0f0; height: 60px; margin-top: 5px;"></div>
2	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you previously applied to enter or remain in Canada? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.</p> <div style="background-color: #f0f0f0; height: 90px; margin-top: 5px;"></div>
3	<p>a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a) above, please provide details.</p> <div style="background-color: #f0f0f0; height: 80px; margin-top: 5px;"></div>
4	<p>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)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.</p> <div style="background-color: #f0f0f0; height: 90px; margin-top: 5px;"></div>
5	<p>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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
6	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>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.</p>	

Applicant Name

RASTOGI, A.

Date of Birth

1991-02-10

SIGNATURE

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC's request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

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 Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

IMPORTANT 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. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

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.

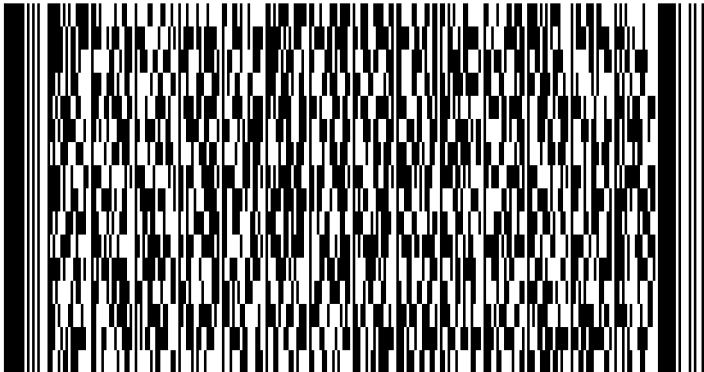
Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. 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.

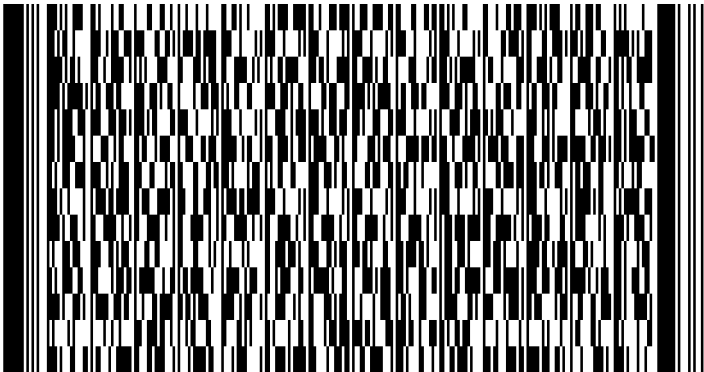
Applicant Name
RASTOGI, A.

Date of Birth
1991-02-10

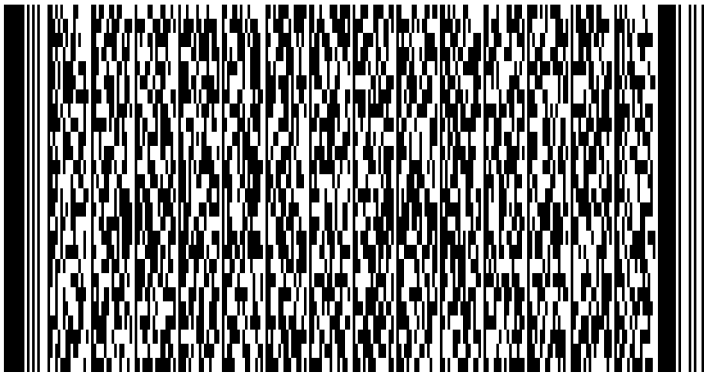
**APPLICATION FOR WORK PERMIT
MADE OUTSIDE OF CANADA**



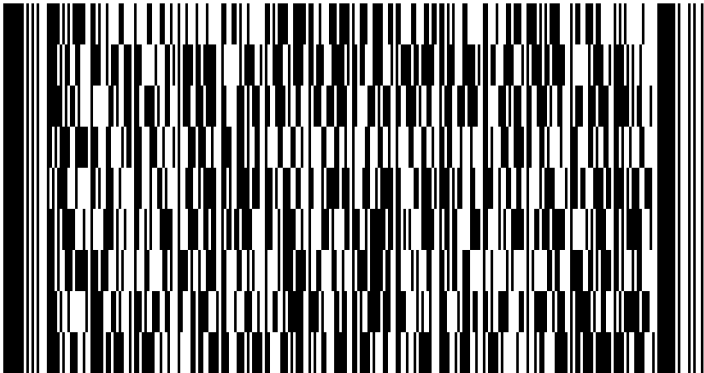
IMM1295_06-2018_1



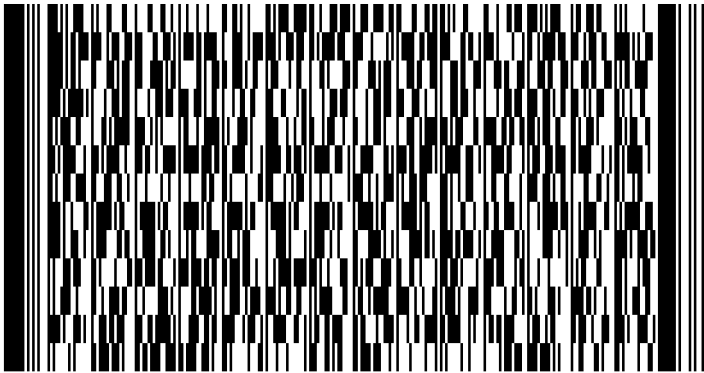
IMM1295_06-2018_2



IMM1295_06-2018_3



IMM1295_06-2018_4



IMM1295_06-2018_5