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Personal particulars:

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Your full name (as per your passport)	Nikita Ramesh Patil
Date of Birth	29/04/1994
Employee Number	968662
Full names and date of birth of family members included in your visa application	Full name: N.A. Date of birth:
	Relationship to you:
	Full name:
	Date of birth:
	Relationship to you:
	Full name:
	Date of birth:
	Relationship to you:
	Full name:
	Date of birth:
	Relationship to you:
	I .

Contact Details:

Home Phone:	
Work Phone:	
Mobile:	+91 9970815079
Email:	nikitar.patil@tcs.com
Current Residential Address:	D-43/15, Swami Vivekanand Nagar, N-12, HUDCO, Aurangabad State: Maharashtra, Country: India, PIN:431003

Have you or any person included in your visa

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application have applied for further visa (e.g subclass 189)?	✓ No ☐ Yes (If yes, mandatory to provide details) TRN: Visa Type/Subclass: Date of application (DD/MM/YY): Place of application:	
Have you or any person included in your visa application, ever had an Australian visa refused or cancelled	✓ No ☐ Yes (If yes, mandatory to provide details)	
Have you or any person included in your visa application, ever held an Australian bridging visa E? (BVE - usually given to people who have no other visa, to facilitate departure	✓ No☐ Yes (If yes, mandatory to provide details)	
If in Australia, details of any proposed travel during the preparation and processing of this visa application	N.A.	
If you or a family member is currently in Australia as the holder of a student visa do you receive financial support from the Australian government through AusAid, or a foreign government?	✓ No☐ Yes (If yes, mandatory to provide details)	
Pou understand that: - the Commonwealth of Australia becomes the owner the information entered into eMedical and that this information will be passed to the Department; - the Department is authorised to collect and use the personal information entered into eMedical under section 60 of the Migration Act 1958; - your personal information (including sensitive information) stored in eMedical (including medical results, bio details and digital photographs) may all	e No Pres	

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be disclosed to: Australian Government health agencies, health and settlement service providers and examining doctor(s); Australian Government agencies authorised to receive information relating to adoption, border

- Australian Government agencies authorised to receive information relating to adoption, border control, business skills, citizenship, education, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, taxation, superannuation, review of decisions, child protection and registration of migration agents;
- Australian law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada and New Zealand, for the purposes of identity checking.

You consent to:

- your medical information being submitted to the Department for the purposes of assessing your health for current or future Australian visa applications;
- The Department retaining your medical information, including any x-ray images uploaded to eMedical, beyond the finalisation of your visa application, for the purposes of considering future applications you may make for a visa to Australia;
- The Department disclosing your personal information, including information about your health, to the radiologists/panel doctors who have examined you.
- The Department storing your digital photograph(s) which may be used by the Department for client identification purposes in addition to the health examination process.

Declarations continued:

Payment to nominator Do you certify that you have not made any form of payment (or promised to pay) the person who nominated you (or any of their associates), either directly or indirectly through another party, for nominating you or any family members identified in this application?	□ No	▽ Yes
False/misleading Do you declare that:	□ No	✓ Yes
 The information provided in this form is correct 		

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 You understand that if any fraudulent documents or false or misleading information has been provided with this application or if you fail to satisfy the Minister or your identity, your application may be refused and you, and any member of your family unit, may become unable to be granted a visa for a specified period of time You understand that if documents are found to be fraudulent or information to be incorrect after the grant of a visa, the visa may subsequently be cancelled 		
Health Insurance Do you declare that you and any other applicants included in the application have made adequate arrangements for health insurance during the period of your intended stay in Australia and will provide a letter from your insurer confirming this	™ No	☐ Yes
<u>Visa conditions</u> Do you declare that you will abide by the conditions of your visa?	□ No	▼ Yes

Declarations continued:

Privacy Do you declare that:	□ No	▽ Yes
 You have read the information contained in the Privacy Notice (Form 1442i)*? you understand that the department may collect, use and disclose your personal information (including biometric information and other sensitive information) as outlined in the Privacy Notice (Form 1442i)*? you understand that, if required to provide your fingerprints and facial image, the fingerprints 	*Privacy Notice (Forn	n 1442i) can be viewed at:

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 and facial image and biographical information held by the Department may be given to Australian law enforcement agencies to help identify you and determine your eligibility for grant of the visa being applied for, and for law enforcement purposes.? You give consent to: The collection of your fingerprints and facial image? Australian law enforcement agencies disclosing your biometric, biographical and criminal record information to the Department of Immigration and Border Protection to help identify you and determine eligibility for grant of the visa being applied for, and for law enforcement purposes The Department of Immigration and Border Protection using your biometric, biographical and criminal record information obtained for the purposes of the <i>Migration Act 1958</i> or the <i>Citizenship Act 2007</i>. 	https://www.border.gov.au/Forms/Documents/144 2i.pdf
Declaration by parent/guardian I certify that: Where the visa applicant is under 18 years of age, I am not aware of any reason why the visa applicant should not travel to Australia (the custody/access/guardianship rights of another person are not affected)	▼ No

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Declarations continued:

<u>Vevo</u> During the application process, the TCS Immigration Team may need to confirm your visa status and your right to work in Australia. This is done through VEVO,	I provide consent to the TCS Immigration team undertaking a VEVO enquiry
an online facility that allows us to check your visa entitlements and right to work. The terms and conditions of use of VEVO require that	□ No
your consent is obtained prior to collecting information about you. By conducting a VEVO inquiry we will obtain certain	
information about you, namely your name, date of birth, passport details and visa status.	
We will not pass that information onto anyone without your consent. However, if you are not entitled to be in Australia, the Commonwealth may use the TCS Immigration team's VEVO account details to locate you.	
Declaration by parent/guardian I certify that: Where the visa applicant is under 18 years of age, I am not aware of any reason why the visa applicant should not travel to Australia (the custody/access/guardianship rights of another person are not affected)	✓ No
Australian values statement Australian values include respect for the freedom and dignity of the individual, freedom of religion, commitment to the rule of law, Parliamentary	All applicants aged 18 and above must sign this declaration:
democracy, equality of men and women and a spirit of egalitarianism that embraces mutual respect, tolerance, fair play and compassion for those in need and pursuit of the public good.	Signature:
or the passe good.	Signature:
Australian society also values equality of opportunity for individuals, regardless of their race, religion or ethnic background. Therefore, I will respect these Australian values during my stay in Australia and obey the laws of Australia.	Signature:
I authorise the TCS or their agent to act on my behalf with regard to my application for a subclass 482 visa and understand they may receive written communication regarding myself or any secondary applicants in this application in relation to the visa process.	Signature: Natil



AUTHORISATION TO LODGE VISA APPLICATION

I Nikita Ramesh Patil certify that:

The information on this form is true and correct and I authorise the TCS Immigration Team to populate the visa form on the basis of the information and supporting documents that I have provided, and that my employer has provided (such information and documents may include passport information, resume, employment contract and salary information). I authorise the application to be lodged by a registered migration agent with the Department on my and my family's behalf.

I will also notify the TCS Immigration Team:

If I become aware that any information that I have provided in this questionnaire or within the supporting documentation is incorrect; and

There is a change in my personal circumstances that affect how I have answered any of the questions in this questionnaire

Applicant 1 Sign:	(main applicant)
Applicant 2 Sign:	N.A(family member 18 years or over)
Applicant 3 Sign:N.	A(family member 18 years or over)