

Application for a Certificat d'acceptation du Québec
(CAQ - Québec Acceptance Certificate)

Application N° : 735270

SECTION 1 IDENTITY

Last name : **Gill** First name : **Ravinder Pal kaur**
Family name after marriage :
Sex : **F** Marital status : **Single**
Date of birth : **2000-07-10** Place of birth : **India**
Country of citizenship / nationality : **India**
Main language spoken : **Punjabi**

SECTION 2 CONTACT INFORMATION

Mailing address : **Agwar Kushli Ka Patti Mehar, Vpo Ghal Kalan
Moga (Punjab), 142048, India**
Current place of residence : **India**
Telephone No : **07329900043** Other telephone No : **07329900043**
E-mail address : **Canadaprocessing.bluebird@gmail.com**
Language of correspondence : **English**

SECTION 3 ACCOMPANYING PERSONS

Not applicable

SECTION 4 PROGRAM OF STUDY

Level of study : **College**
Program of study : **Medical Office Assistant**
Exchange program : **No**
Date program starts : **2020-07-20** Date program ends : **2022-07-20**
Annual tuition fees : **13938 \$ CA**

SECTION 5 EDUCATIONAL INSTITUTION

Name of institution : **CDI College Business. Technology . Health Care**

SECTION 6 ADDITIONAL INFORMATION

Previous CAQ for studies : **No**
Place where application for study permit will be submitted :
New Delhi (India)

SECTION 7 FINANCIAL SITUATION

Not applicable

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SECTION 8 AUTHORIZATIONS

Authorization to release the information on your CAQ to the educational institution : **Yes**

Authorization to release information to :

Last name: **Sharma**

First name : **Karuna**

Address : **Basement A2Z Photo Plaza,, Near Bhagat Singh Market, Gt Road
Moga (Punjab), 142001, India**

Telephone No : **07329900043**

Retained the services of a paid adviser : **No**