



## APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

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

Validate

Clear Form

1 UCI	2 * I want service in English	3 * Visa requested Visitor Visa	OFFICE USE ONLY Validated Yes
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### PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document) Agrawal		Given name(s) (as shown on your passport or travel document) Sarika		
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Given name(s)		
3 *Sex Female	4 * Date of birth 1978 04 16 YYYY MM DD	5 Place of birth * City/Town Rourkela * Country India		
6 *Citizenship India				
7 Current country of residence:				
Country	Status	Other	From	To
* United States of America	* Other	* Dependent , Worker	2002-04-03 YYYY-MM-DD	2017-04-30 YYYY-MM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
9 Country where applying: Same as current country of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Country	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 2006-01-06 YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner *Family name Lanjewar		Given name(s) Yogesh		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name Agrawal, S.	Date of Birth 1978-04-16
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**PERSONAL DETAILS (CONTINUED)**

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

**LANGUAGE(S)**

<b>1</b> *a) Native language/Mother Tongue Hindi	*b) If your native language is not English or French, which language do you use most frequently? English	*c) Are you able to communicate in English and/or French? English
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d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☐ No ☒ Yes

**PASSPORT**

<b>1</b> * Passport number G4719778	<b>2</b> * Country of issue India	<b>3</b> * Issue date 2007-10-17 YYYY-MM-DD	<b>4</b> * Expiry date 2017-10-16 YYYY-MM-DD
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**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.

<b>1 Current mailing address</b>						
P.O. box	Apt/Unit	Street no.	* Street name 4956 Roselle Cmn			
* City/Town Fremont		* Country United States of America		* Province/State CA	* Postal code 94536	District <input type="text"/>

<b>2 Residential address</b> Same as mailing address? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
Apt/Unit	Street no.	Street name			City/Town	
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Country		Province/State	Postal code	District		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>3 Telephone no.</b> <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other				<b>4 Alternate Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other			
*Type Cellular	Country Code 1	*No. ( 415 )	Ext. 370 — 7356	Type	Country Code	No.	Ext.

<b>5 Fax no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. Ext.				<b>6 E-mail address</b>			
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**DETAILS OF VISIT TO CANADA**

<b>1</b> * a) Purpose of my visit Tourism			b) Other <input type="text"/>		
<b>2</b> Indicate how long you plan to stay		* From 2016-06-04 YYYY-MM-DD	* To 2016-06-06 YYYY-MM-DD	<b>3</b> * Funds available for my stay (CAD) \$81,152	

**4** Name, address and relationship of any person(s) or institution(s) I will visit:

<b>1</b> * Name N/A	* Address in Canada Marriott Pinnacle Hotel, 1128 W Hastings St, Vancouver, BC V6E 4R5, Canada
Relationship to me N/A	

Applicant Name Agrawal, S.	Date of Birth 1978-04-16
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**DETAILS OF VISIT TO CANADA (CONTINUED)**

2	Name		
	Relationship to me	Address in Canada	

**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	2002	04	*Field of study	*School/Facility name
		*YYYY	*MM	Masters - Computer Science	California State University, East Bay
	To	2006	06	*City/Town	*Country
		*YYYY	*MM	Hayward	United States of America
					*Province/State
					CA

**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, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.					
1	From	2015	09	* Current Activity/Occupation	* Company/Employer/Facility name
		*YYYY	*MM	Program Manager	Google Inc
	To	2016	12	*City/Town	*Country
		*YYYY	*MM	Mountain View	United States of America
					*Province/State
					CA
2	From			Previous Activity/Occupation	Company/Employer/Facility name
		YYYY	MM		
	To			City/Town	Country
		YYYY	MM		
					Province/State
3	From			Previous Activity/Occupation	Company/Employer/Facility name
		YYYY	MM		
	To			City/Town	Country
		YYYY	MM		
					Province/State

**BACKGROUND INFORMATION**

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

Clear Section

1	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
	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
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).			

2	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
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	*d) If you answered "yes" to question 2a), 2b), or 2C please provide details.			
January 2006 - Visit US Consulate in Toronto for Visa Stamping				

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**BACKGROUND INFORMATION (CONTINUED)**

<b>3</b>	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? <div style="text-align: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>
	b) If you answered "yes" to question 3a) above, please provide details. <div style="background-color: #f0f0f0; height: 150px; margin-top: 5px;"></div>
<b>4</b>	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)? <div style="text-align: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>
	b) If you answered yes to question 4a), please provide dates of service and countries where you served. <div style="background-color: #f0f0f0; height: 150px; margin-top: 5px;"></div>
<b>5</b>	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? <div style="text-align: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>
<b>6</b>	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <div style="text-align: right;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>
<b>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.</b>	

**SIGNATURE**

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC 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). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)

☐ No
☒ Yes

I consent to the release to Citizenship and Immigration Canada (CIC) 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.

2016-05-08  
\_\_\_\_\_  
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.

Applicant Name

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**DISCLOSURE**

Information provided to CIC 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), 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 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.

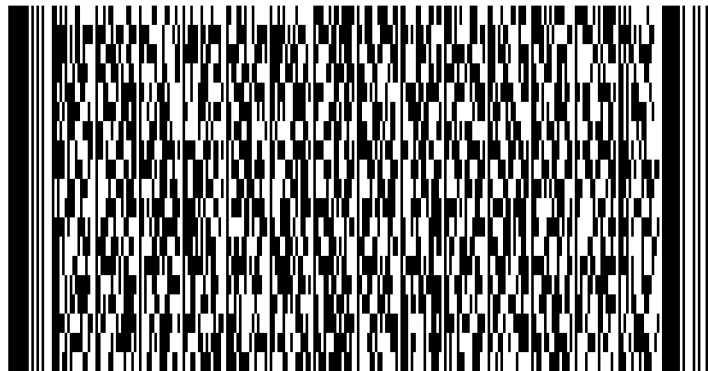
Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB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

[Validate](#)

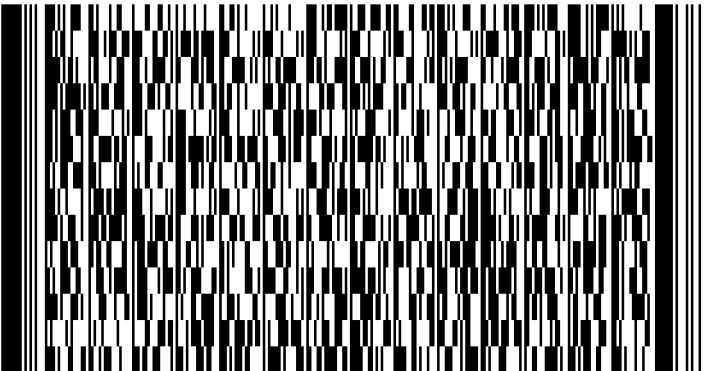
Applicant Name  
Agrawal, S.

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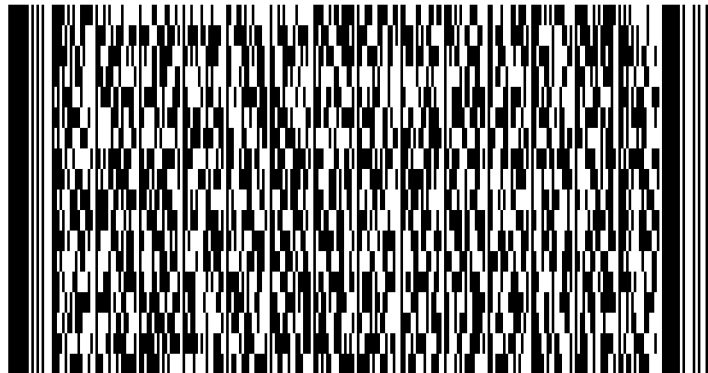
APPLICATION FOR VISITOR VISA  
(TEMPORARY RESIDENT VISA)



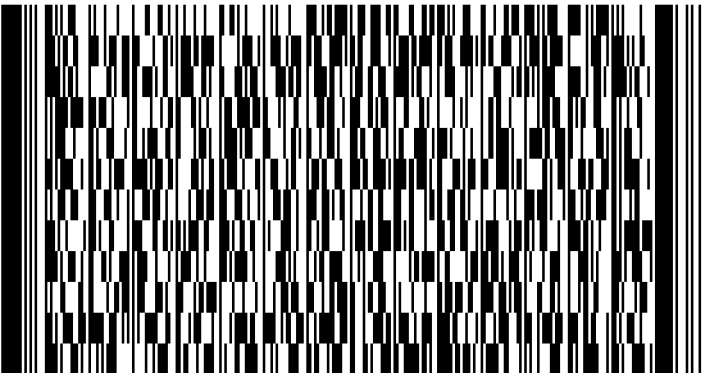
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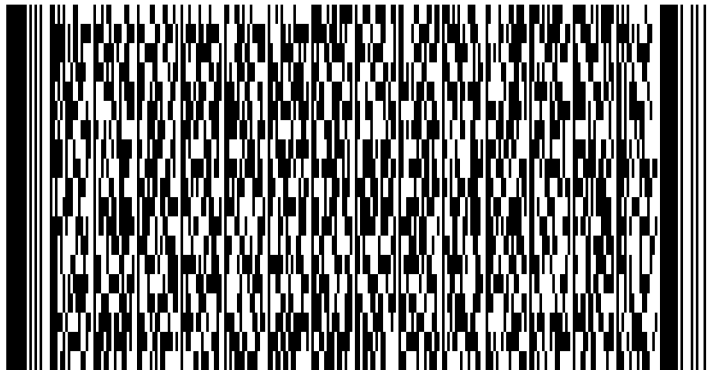
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