

ASSESSMENT FORM FOR CANADIAN STUDY VISA

Please check mark [] where ever applicable in the brackets [] provided

PERSONAL INFORMATION OF THE STUDENT (Please fill in upper case) AS PER PASSPORT

First Name:		Middle Name:		Last Name:
Mailing Address	House No:		Street:	City:
	State:		Country:	Postal Code:
Telephone	Home:		WhatsApp:	
	Mobile:		Email:	
Date of Birth	Day:	Month:	Year:	Sex: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]
Place of Birth	City:		State:	Country:
Passport Details and Issuing country	Passport Number		Issued Date	Expiry Date
Marital Status:	Never Married [<input type="checkbox"/>]		Engaged [<input type="checkbox"/>]	Married [<input type="checkbox"/>]

APPLICANT EDUCATION FROM GRADE 10 ONWARD

Study Period		Grade or Class	Education Board	Subjects and % of Marks in Each Subject
From:	To:			
		10 th class		
		12 th class		

Total Years of education successfully completed [_____ Years]

LANGUAGE PROEFFICIENCY

Language Test	Have you or could you pass a formal English Language Test? Mention Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
English (IELTS)[<input type="checkbox"/>]	Writing [<input type="checkbox"/>] Reading [<input type="checkbox"/>] Listening [<input type="checkbox"/>] Speaking [<input type="checkbox"/>]
Any other Test	

FINANCIAL INFORMATION DETAILS

Do you have the financial resources to adequately support yourself in Canada?					Mention Yes [<input type="checkbox"/>] No: [<input type="checkbox"/>]
Net Worth	Bank:	Property:	Assets:	Other:	Total:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIOR APPLICATION TO CANADA

Have you ever applied for Canadian study visa? Mention Yes [<input type="checkbox"/>] No: [<input type="checkbox"/>]			If refused provide refusal letter
How did you come to know about our Immigration Consultancy firm? Mention [Yes] where applicable:			
Friend [<input type="checkbox"/>]	Seminar [<input type="checkbox"/>]	Referral [<input type="checkbox"/>]	
Newspaper [<input type="checkbox"/>]	Internet [<input type="checkbox"/>]	Other [<input type="checkbox"/>]	

FOR ADDITIONAL INFORMATION, PLEASE PASTE RESUME HERE (Optional)

DECLARATION

I agree that the information provided by me in the above form is true and correct to the best of my knowledge and given for the sole purpose of my FREE assessment regarding higher education in Canada.

Signature: Print Name:

Date: Place:

All information provided in this form will remain strictly confidential and secure. It will **not** be shared with any external sources except the educational institution and Citizenship and Immigration Canada. This information will be used for the sole purpose of securing your possible study visa to Canada.

In addition to the assessment form, you may send an updated resume or curriculum vitae, if available, as an attachment to our email address at info@chalocanada.ca

For any further information, please contact:

Chalo Canada Inc.

350 Rutherford Rd. South, Plaza II, Unit #104, Brampton, ON, Canada, L6W 3M2

Email: info@chalocanada.ca

Website: www.chalocanada.ca