

CHALO CANADA SKILL DEVELOPMENT PROGRAMS

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

PERSONAL INFORMATION OF THE APPLICANT

First Name:		Middle Name:		Last Name:	
Address Same as on Passport					
Telephone	Mobile:		Email:		
	Office:		Facebook:		
Date of Birth	Day:	Month:	Year:	Sex: Male [<input type="checkbox"/>] Female [<input type="checkbox"/>]	
Place of Birth	City:		State:	Country:	
Citizenship:			Purpose of Visit:		
Passport Details	Passport Number		Issued Date	Expiry Date	
Marital Status: Mention [Yes] where applicable:	Never Married [<input type="checkbox"/>]		Engaged [<input type="checkbox"/>]	Married [<input type="checkbox"/>]	
	Widowed [<input type="checkbox"/>]		Separated [<input type="checkbox"/>]	Divorced [<input type="checkbox"/>]	
If married	Marriage Date:				

APPLICANT'S ACEDMIC AND PROFESSIONAL EDUCATION DETAILS

Study Period		Name of Institution	Address of Institution	Degree/Diploma/Certificate
From	To			

APPLICANT'S WORK EXPERIENCE AND TRAINING DETAILS

From	To	Company Name & Address	Job Title	Job Description

FAMILY INFORMATIO OF THE APPLICANT

Name	Date of Birth	Relationship	Will Accompany during Training

FOR BUSINESS OWNERS

Name of Business	Type of Business	Partnership or Ownership	Approximate Net worth

Please attach a separate sheet giving day to day business activity details performed by the applicant

LANGUAGE PROEFFICIENCY

Please indicate your ability to communicate in English by checking the appropriate column. Mark [✓]

English	Fluently:	Well:	With Difficulty:	Not at all:
Speak	[]	[]	[]	[]
Read	[]	[]	[]	[]
Write	[]	[]	[]	[]
Listening	[]	[]	[]	[]

FINANCIAL INFORMATION DETAILS

Details of the financial resources to support your skill development course and travel cost yourself in Canada

Net Worth	Bank:	Property:	Assets:	Other:	Total:

APPLICANT'S PRIOR TRAVEL HISTORY

Have you visited Canada in the past ? Mention Yes [] No: []

Where you visited	Type of visa	Date from	Date to

Briefly explain about the Purpose of this course.

How did you come to know about our Chalo Canada skill development program? Mark [✓] where applicable:

Friend []	News []	Seminar []	Referral []	Internet []	Other []
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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 skill development program 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 training institution and Citizenship and Immigration Canada. This information will be used for the sole purpose of securing your 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