

Phone:

• Email:

APPLICANT ASSESSMENT FORM

Main Applicant Information: (Fill the form in block letters only)

Name:	
Date of Birth:	
Mobile No:	
Contact No:	
Email:	
Marital Status:	
Current Address:	
Permanent Address:	

Educational Qualification: Give your latest Degree including commencement & conclusion month & year.

From M / Y	Till M / Y	College / University	Program	Aggregate % age	Full Time/ Part Time/ Distance
			SSC		
			HSC		

Work Experience Details: Mention your work experience; begin with the present work and designation. If you were working in the same organization on different designations mention them with the duration of each designation. Also specify if it was full time or part time work.

From M / Y	Till M / Y	Firm, Organization, Company	Designation	Full Time/ Part Time

Brief Details of Job Responsibility: Give details of each job designation and key role and responsibilities from the time you started working. (Please attach separate sheets if required).

Designation	Responsibilities

Language Skills Details: Please tick (√) the appropriate column and indicate your ability to communicate.

English	High	Moderate	Basic	No	French	High	Moderate	Basic	No
Speaking					Speaking				

Reading					Reading				
Writing					Writing				
Listening					Listening				

Financial Details:

Monthly Income		Net Worth	
----------------	--	-----------	--

Achievements Details: Please mention any national or international awards you have received in any category

Awarded For	Awarded by
N.A.	N.A.

Medical Details: Do you or your spouse or children have any serious medical problems? If yes, please mention the details in the column.

Name	Medical Description
N.A.	N.A.

Dispute / Criminal Details: Is there any Civil / Police Complaint / Criminal Case pending against you or your spouse? Please mention YES / NO: __ N.A._____.

Children Details: Please mention the details of your child / children.

Full Name	Date of Birth
N.A.	N.A.
N.A.	N.A.

How did you learn about UNIVERSAL VISA: Please tick (√) the appropriate column?

Website	News Papers	Hand Bills	Word of Mouth
---------	-------------	------------	---------------

SPOUSE Information:

(Fill the form in block letters only)

Name:	
Date of Birth:	
Mobile No:	
Contact No:	
Email:	
Marital Status:	
Current Address:	
Permanent Address:	

Educational Qualification: Give your latest Degree including commencement & conclusion month & year.

From M / Y	Till M / Y	College / University	Program	Aggregate % age	Full Time/ Part Time/ Distance
			SSC		
			HSC		

--	--	--	--	--	--	--	--

Work Experience Details: Mention your work experience; begin with the present work and designation. If you were working in the same organization on different designations mention them with the duration of each designation. Also specify if it was full time or part time work.

From M / Y	Till M / Y	Firm, Organization, Company	Designation	Full Time/ Part Time

Brief Details of Job Responsibility: Give details of each job designation and key role and responsibilities from the time you started working. (Please attach separate sheets if required).

Designation	Responsibilities

Language Skills Details: Please tick (✓) the appropriate column and indicate your ability to communicate.

English	High	Moderate	Basic	No	French	High	Moderate	Basic	No
Speaking					Speaking				
Reading					Reading				
Writing					Writing				
Listening					Listening				

Achievements Details: Please mention any national or international awards you have received in any category

Awarded For	Awarded by
N.A.	N.A.

Medical Details: Do you or your spouse or children have any serious medical problems? If yes, please mention the details in the column.

Name	Medical Description
N.A.	N.A.

Dispute / Criminal Details: Is there any Civil / Police Complaint / Criminal Case pending against you or your spouse? Please mention YES / NO: __ N.A._____.

Declaration by the Applicant: I declare that all the information given above is complete, correct & verifiable.

Applicants Signature: _____ **Date:** _____ **Place:** _____