



SHAISTA AMJAD
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Assessment Form

Date: _____/_____/_____

PERSONAL HISTORY

Full Name: _____ D.O.B: _____ Age: _____

Cell No: _____, Email: _____ Passport No: _____

Passport Expiry: _____ Address: _____

Marital Status: _____ Children: _____ Ages: _____

ACADEMIC RECORD

MASTERS:

Major: _____ Institute _____

From: _____ To _____ Total number of years: _____

BACHELORS:

Major: _____ Institute: _____

From: _____ To: _____

Other DEGREE/DIPLOMA:

Major: _____ Institute: _____

From: _____ To: _____

Additional information if any: _____

WORK EXPERIENCE

EXPERIENCE 1:

Designation: _____ Company: _____

From: _____ To _____

Full Time / Part Time _____ How many hours a week: _____

EXPERIENCE 2:

Designation: _____ Company: _____

From: _____ To _____

Full Time / Part Time _____ How many hours a week: _____

EXPERIENCE 3:

Designation: _____ Company: _____

From: _____ To _____

Full Time / Part Time _____ How many hours a week: _____

IELTS

Have you taken IELTS: _____, Academic or General: _____

Expiry of IELTS result: _____ Score: L _____ R _____ W _____ S _____

SPOUSE INFORMATION

Full Name: _____ Age: _____

Highest degree: _____ Major: _____

From: _____ To: _____ No. of years completed: _____

IELTS

Academic/General: _____ Validity date: _____

Score: L _____ S _____ R _____ W _____

SPOUSE WORK EXPERIENCE

Experience 1:

Designation: _____ Company: _____

From: _____ To _____

Full Time / Part Time _____ How many hours a week: _____

Experience 2:

Designation: _____ Company: _____

From: _____ To _____

Full Time / Part Time _____ How many hours a week: _____

Additional information if any: _____

ADDITIONAL INFORMATION

Relatives in Canada? Relationship: _____ Province: _____

Have you or your family been convicted of any crime: Yes _____ No _____

Have you applied a visa to Canada or any country in the past: Yes _____ NO: _____

Any visa Refusal to Canada (year of refusal): _____

Valid Visas to Countries: _____

Deported or removed from any Country: _____

Date of deportation or removal: _____

Have you had Citizenship of any other country: _____

DECLARATION

I hereby declare that the above information is correct to the best of my knowledge and belief. I shall be held responsible for any consequences if assessment is influenced

Signature

Date: (mm/dd/yyyy)

