



SUN CONSULTING (PVT.) LTD. CANADIAN IMMIGRATION CONSULTANTS

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Pre-Application Questionnaire

Date				
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Compulsory Information

How did you hear about us?	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Website <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Other
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Personal Information

Name (Mr./Mrs/Ms.)		Address		
			Date Of Birth	
Mobile	Res.	Office		
Email	Marital Status	Single(never married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/>		

Educational Qualification (Write 'P' for PRIVATE & 'R' for REGULAR in the box below)

Matric <input type="checkbox"/>	FA/FSC/I.Co m <input type="checkbox"/>	B.A. <input type="checkbox"/>	B.S. <input type="checkbox"/>	B.B.A. <input type="checkbox"/>	M.A. <input type="checkbox"/>	M.S. <input type="checkbox"/>	M.Ed. <input type="checkbox"/>	M.P.A. <input type="checkbox"/>
O Level <input type="checkbox"/>	A Level <input type="checkbox"/>	B.Sc <input type="checkbox"/>	B.C.S. <input type="checkbox"/>	L.LB. <input type="checkbox"/>	M.Sc <input type="checkbox"/>	M.C.S. <input type="checkbox"/>	D.A.E <input type="checkbox"/>	M.Phil <input type="checkbox"/>
Other:	B.Com <input type="checkbox"/>	B.IT <input type="checkbox"/>	B.Tec <input type="checkbox"/>	M.Com <input type="checkbox"/>	M.B.A. <input type="checkbox"/>	M.B.B.S. <input type="checkbox"/>	P.hd. <input type="checkbox"/>	
Number of Years of Education	Primary/Secondary:		College:			Year Of Last Qualification		

Work History

Organization	Designation	Monthly Income	From	To

Please specify the period of un employment (if applicable)

Main Job Responsibilities	

Please specify if you OR your spouse's blood relatives are based in Canada (if applicable)

Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Grand Parents <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	Uncle <input type="checkbox"/>	Aunty <input type="checkbox"/>
Niece <input type="checkbox"/>	Nephew <input type="checkbox"/>	Spouse <input type="checkbox"/>	Fiancé <input type="checkbox"/>	Their country of current residence (if other than Canada)				

Fluency In English [B = Beginner I = Intermediate F = Fluent]

Reading	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Writing	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Speaking	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Listening	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>
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Fluency In French (for QUEBEC) [B = Beginner I = Intermediate F = Fluent]

Reading	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Writing	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Speaking	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>	Listening	B <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/>
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Number Of Unmarried Children & Their Ages (if married)	
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Education Of Spouse (if married)			
Occupation Of Spouse (if applicable)		Date Of Birth/Age	

Your Approx. Net Worth		Your Spouse Approx. Net Worth	
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