1	plicant Name arup, A.											Date of Birth 1972-09-27	
_	RSONAL DETAILS	CONTINUE	21									15/2-45-27	
11	a) Have you previou		-	mmon-lau	v relationship	. N	. [	Yes					
Г	b) Provide the followi				-		٠ ٢	ies					
	Family name Given name(s)												
c)	Type of relationship		-					_	From	To			
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PA	SSPORT												
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<u></u>	NTACT INFORMAT	ION											
	<ul> <li>If submitting your ap</li> <li>All correspondence</li> </ul>	pplication by	mail: s address unle	ss vou indir	rate wour o.m.	il addens b							
	<ul> <li>Indicating an e-mai</li> </ul>	il address will	authorize all c	orresponde	ence, including	file and pe	ersona	al information, t	o be sent to th	e e-mail address you	specify.		
	- If you wish to autho	onze the relea	se of informat	ion from yo	ur application	to a repres	entat	tive, indicate the	eir e-mail and r	nailing address(es) i	n this section and	on the IMM5476 form.	
1	Current mailing add					,							
P.C	), box	SC		Street n	ю.	* Street		NA 83				•	
		15		D		Mahar	ani	Bagh					
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5	Fax no.							6 E-mail ad	ldress				
	Canada/US Country Code No.				Ext.								
Other							adarsh	swarup@h	otmail.com				
DE	TAILS OF VISIT TO	ANADA											
1	* a) Purpose of my visit							b) Other					
	Tourism												
2				*From *T				3 • Funds a	vailable for my	stay (CAD)			
	Indicate how long you plan to stay	. 2014-06-29			2014-06-29			\$200					
4	Name, address and rek		y person(s) or	institution	(s) I will visit:	Y-MM-DD							
	* Name	Name											
	NOT APPLICABLE	T APPLICABLE											
1	Relationship to me *Address in Canada												
NOT APPLICABLE													