

Applicant Name

Swarup, A.

Date of Birth

1972-09-27

DETAILS OF VISIT TO CANADA (CONTINUED)

2	Name	
	Relationship to me	Address in Canada

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)?

☐ No☒ Yes

If you answered "yes", give full details of your highest level of post secondary education.

1	From	*Field of study	*School/Facility name
	1991 05 *YYYY *MM	COMMERCE	BHAGAT SINGH COLLEGE
	To	*City/Town	*Country
	YYYY MM	NEW DELHI	India
			Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.

1	From	* Current Activity/Occupation	* Company/Employer/Facility name
	2001 04 *YYYY *MM	SELF EMPLOYED (Vice President)	SVP Industries Ltd
	To	* City/Town	* Country
	YYYY MM	New Delhi	India
			Province/State
2	From	Previous Activity/Occupation	Company/Employer/Facility name
	YYYY MM		
	To	City/Town	Country
	YYYY MM		
			Province/State
3	From	Previous Activity/Occupation	Company/Employer/Facility name
	YYYY MM		
	To	City/Town	Country
	YYYY MM		
			Province/State

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		