Should be filled by Applicant and Spouse (If applicable)

Instructions:

- You need Adobe Reader to load, fill and save this form in your computer. If you don't have an updated version of Adobe Reader, you may download it from this link.
- Use capital letter. Switch on your keyboard CAP LOCK before entering text.
- You have to complete all the section A, B, C, D and E as per your current circumstances.
- For hand written, use black or blue ball pen. (use offline PDF filling and save trees)
- Print your name as it appear in your passport.
- Please fully complete this form and attach certified and original copies of all the documents required.
- Incomplete application will be not entertained.
- This form cannot be considered without full documentation being attached/provided.
- In case of any troubleshoot or assistance please contact helpdesk.

Note: This document is specially designed for the permanent residency assessment. Applicant just need to fill, save and revert the saved form to our Mentoring Team for the assessment. No need to Print and Scan.

Canada	Australia	Denmar	k	New Zealand
Canada:				
Express Entry Quebec Skilled Province Nomin Any Other	nation Programs	Click Here To Upload Your Photo	Click Here To Upload Your Spouse Photo	Photo Of First Child
Australia:				
Permanent Res	t, Green Card Program	Photo Of Second Child	Photo Of Third Child	Photo Of Forth Child
New Zealand: Skilled Select P Any other	_			

Please answer all the relevant questions carefully. If space is insufficient, continue your answer on separate sheet. Ensure that you have attached a detailed CV' with this application.

SECTION A: INFORMATION ABOUT YOURSELF (PRIMARY APPLICANT)

SECTION B: INFORMATION ABOUT YOUR SPOUSE

SECTION C: INFORMATION ABOUT YOUR CHILDREN

SECTION D: AVAILABEL FUNDS YOU HAVE (BOTH APPLICANT AND SPOUSE)

SECTION E: DECLARATION BY APPLICANT AND SIGNATURES (PRINT LAST PAGE TO SIGN)

Naviguer Education Pvt. Ltd. SCO – 2, First Floor, Above SBI (State Bank of India), Opposite Green View Park, Court Road Hoshiarpur 146001 Punjab Bharat (India)

Contact: 01882 505 506, 228 462, info@navigueredu.com, navigueredu@gmail.com, www.navigueredu.com

Should be filled by Applicant and Spouse (If applicable)

SECTION A: INFORMATION ABOUT YOURSELF (PRIMARY APPLICANT)

1.	Title:			
2.	Name: Last:Midd	e:	First:	
3.	Sex: Date of Birth (DOB):	Age:E	ye Colour	Height
4.	Marital Status: Place of	of Birth: (City & County) _	1	
5.	Permanent Address:			
	House No:Street/Block:	Nearest Land	Mark:	
	City/Town:S	tate:	Postal Code:	:
	Country:			
6.	Communication Address: (Leave Blank If	Same as Above)		
	House No:Street/Block:	Nearest Land	Mark:	
	City/Town:S	tate:	Postal Code:	:
	Country:			
7.	Contact Details: (Mandatory Field)			
	Country Code: Cell Number:	Email:		
8.	Family Member:			
	Who may or may not accompany with you. (Family members are suppos	se to be your spouse a	nd children)

Family Name at Birth	First Name	Gender Relationship With Applicant	Date of Birth (DOB)	Place of Birth	Accompanying You	
,		Gea Relati W App	YYYY/MM/DD		Yes	No
		No.				

Should be filled by Applicant and Spouse (If applicable)

9. Education Background: (Excluding Elementary) Start with your most recent Diploma, Degree)

#	From YYYY/MM/DD	To YYYY/MM/DD	Name of Institute/college in which you studies with Address, Cirty, State & Country	University or Awarded Body with Name, City, State & Country	Name of the Diploma and/or Degree Awarded
1				Saite & Country	
2					
3			Y Y		
4					
5					
6					

10. Education Specialization In. (provide an additional information, further part of question no 9)

#	Year of Diploma Obtain	Specialization In / Field of Study	Primary Language of Instruction
1			
2			
3			
4			
5			
6			

Should be filled by Applicant and Spouse (If applicable)

11. Employement During Past 10 Years. (Start with your most recent job, use an 'additional info' last page if necessary)

#	From	То	Name of the company including your own and city, state and county where it is located (Enter
	YYYY/MM/DD	YYYY/MM/DD	Full Name and Address – no abbrevations allowed)
1			
2			r r jo
3			
4			
5			
6			

12. More Employement Details. (use an 'additional information' last page if necessary)

E x p	Job Title	NOC (OR) ANZSCO Code (if know)	Working Hours Per Week	Primary Language at Work
1				
2				
3				
4				
5				
6				

Should be filled by Applicant and Spouse (If applicable)

13. Principal Task You Performed (start with the last job, use an 'additional information' last page if necessary)

E		rotined (start with the fast job, use an additional information fast page if necessary)
x p	Job Title	Task Performed As Part Of Your Duties (Mandatory Filed)
1		
2		
3		
4		
5		
6		

14. Language Skills:

English Proficincy: International English Language Testing System (IELTS) Test Only

Listening	Reading Writing		Speaking	Over All
Exam Date:	Module:	Centre Code:	City:	

French Proficiency:

TCFQ	TCF	TEFaQ	TEF	DELF	DALF
Speaking		Listenineg	Readi	ng	Writing
(expression oral)	(com	préhension orale)	(compréhensi	on écrite)	(expression écrite)
		1	88.9		
Beginner (A1	-A2)	Intermediate ((B1-B2)	Adva	ance (C1-C2)

Danish Lanaguage: (Only if	f applying for Denmark)
Scoring:	

Should be filled by Applicant and Spouse (If applicable)

15. Family living in Destination County. (Permanent or Citizen required)

Relationship With You	Family and First Name	Full Address	Telephone Number

16. Your Travelling History: (use extra sheet if required)

Travelling Country	From YYYY/MM/DD	To YYYY/MM/DD	Purpose of Visit
•			

17. In which city or region of destination coun	ntry do you plan to live?

18. How did you know about us/Naviguer Education Private Limited Company?	

19. List evert place, where you have lived in past 10 years (use 'additional info' last page if required)

From YYYY/MM/DD	To YYYY/MM/DD	Full Address	Province/ Region	Courty

Should be filled by Applicant and Spouse (If applicable)

20. Previous Applications applied for permanet residency, study, tourism. refugy or any other category.

Name of Program	Any Acknowlegemnet / File Number	More Details About this application	Applying Date YYYY/MM/DD	Result Date YYYY/MM/DD and/or Status
		~		

21. Any Message or Important Information you would like to add or share with us.	

Should be filled by Applicant and Spouse (If applicable)

SECTION B: INFORMATION ABOUT YOUR SPOUSE

1.	Title:						
2.	Name: Last: _		Middle:		0	_First:	
3.	Sex:	Date of Birth	(DOB):	Age:	Eye Co	olour	_Height
4.	Marital Status	s:	Place of Birth	n: (City & Cou	nty)		
5.	Permanent Ac	ddress:			F		
	House No:	Stre	et/Block:	Nearest	Land Mark	::	
	City/Town:		State:			Postal Code	::
	Country:						
6.	Communicati	on Address: (Le	eave Blank If Same	e as Above)	9		
	House No:	Stre	et/Block:	Nearest	Land Mark	::	
	City/Town:		State:		5	Postal Code	::
7.	Contact Detai	ils: (Mandatory	Field)				
	Country Code	e: Cell Nur	mber:	Emai	l:		
8.	Education Ba	ckground: (Exc	luding Elementary) Sta	art with your m	nost recent	Diploma Degree)
#	From YYYY/MM/DD	To YYYY/MM/DD	Name of Institute/colleg Address, Cirty	ge in which you st		University or Awarded Body with Name, City State & Country	Degree Awarded
1					> 1	,	
2							
3					l		
1					1		
4							
5					1		

	Should be filled by Applicant and Spouse (If applicable)						
6			MI		5		

9. Education Specialization In. (provide an additional information, further part of question no 8)

#	Year of Diploma Obtain	Specialization In / Field of Study	Primary Language of Instruction
1			
2		Y	
3			
4			
5			
6		5	

10. Employement During Past 10 Years. (Start with your most recent job, use an 'additional info' last page if necessary)

ш	From	То	Name of the company including your own and city, state and county where it is located (Enter
#	YYYY/MM/DD	YYYY/MM/DD	Full Name and Address – no abbrevations allowed)
1			
2			
3			
4			
5			
6			

Should be filled by Applicant and Spouse (If applicable)

11. More Employement Details. (use an 'additional information' last page if necessary)

E x p	Job Title	NOC (OR) ANZSCO Code (if know)	Working Hours Per Week	Primary Language at Work
1				
2				
3				
4	G			
5				

12. Principal Task You Performed (start with the last job, use an 'additional information' last page if necessary)

E	· · · · · · · · · · · · · · · · · · ·	
X	Job Title	Task Performed As Part Of Your Duties (Mandatory Filed)
p		7
1		
2		
3		
4		
5		

Should be filled by Applicant and Spouse (If applicable)

13. Language Skills:

English Proficincy:	International I	English Language	Testing System	(IELTS) Test Only
				- ()

Listening	Reading	Writing	Speaking	Over All
Exam Date:	Module:	Centre Code:	City:	

French Proficiency:

TCFQ	TCF	TEFaQ	TEF	DELF	DALF
Speaking		Listenineg	Reading		Writing
(expression oral)	(con	préhension orale)	(compréhension	écrite)	(expression écrite)
Beginner (A	1-A2)	Intermediate (B1-B2)	Adva	ance (C1-C2)

Danish Lanaguage: (Only i	f applying for Denmark)
Scoring:	

14. Family living in Destination County. (Permanent or Citizen required)

Relationship With You	Family and First Name	Full Address	Telephone Number

15. Your Travelling History: (use extra sheet if required)

Travelling	From	To	Purpose of Visit
Country	YYYY/MM/DD	YYYY/MM/DD	

16. In which city or region of destination country do you plan to live?	
17. How did you know about us/Naviguer Education Private Limited Company?	

Should be filled by Applicant and Spouse (If applicable)

18. List every place, where you have lived in past 10 years (use 'additional info' last page if required)

From YYYY/MM/DD	To YYYY/MM/DD	Full Address	Province/ Region	Courty
		T T 75		
		. / (5		

19. Previous Applications applied for permanet residency, study, tourism. refugy or any other category.

Name of Program	Any	More Details About this	Applying Date	Result Date
J	Acknowlegemnet			YYYY/MM/DD
	/ File Number		YYYY/MM/DD	and/or Status
	-			
	\			
	-			
	1			

Should be filled by Applicant and Spouse (If applicable)

SECTION C: INFORMATION ABOUT YOUR CHILDREN

			E	va Coulom		TT-1-1-4	
1.	Title:		E,	ye Coulor:		Height:	
2.	Name: Last:		Middle:		First:		
3.	Sex:		_ Date of Birth (DC	OB)		Age:	
4.	Marital Status:		Place of Bi	rth City & Coun	try:		
	a. If marr	ried the kindly pro	ovide his/her spous	se details:			
	i.	Title:	E	ye Coulor:	T	Height:	
	ii.	Name: Last:		Middle:		First:	
	iii.	Sex	Date of B	Birth (DOB):		A	.ge:
	iv.	Pleace of Birth	City & Country:				
	b. If livin	g separate, kindly	y provide his/her co	ommunication ac	ddress and o	contact details.	
	House No:	Street/l	Block:	Nearest Lan	d Mark:		
	City/Town:		State:	-		Postal Code:	
	Country:						
	c. Contac	et Details:					
	Country Code				D		
2000	·	Cell	Number:		Email:		
	nd Child:						
1.	nd Child: Title:		E	ye Coulor:	3	Height:	
1. 2.	nd Child: Title: Name: Last:		E Middle:	ye Coulor:	First:	Height:	
1. 2. 3.	nd Child: Title: Name: Last: Sex:		EMiddle: _ Date of Birth (D0	ye Coulor:	First:	Height: Age:	
1. 2.	nd Child: Title: Name: Last: Sex: Marital Status:		EMiddle: Date of Birth (DO Place of Bir	ye Coulor: OB) rth City & Coun	First:	Height: Age:	
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari	ried the kindly pro	EMiddle: Date of Birth (DOPlace of Birovide his/her spous	ye Coulor:OB) orth City & Counce details:	First:	Height: Age:	
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari	ried the kindly pro	EMiddle: Date of Birth (DO Place of Birth ovide his/her spous	ye Coulor: OB) rth City & Coun se details: ye Coulor:	First:	Height: Age: Height:	
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If maritimation in the state	ried the kindly pro Title: Name: Last:	EMiddle:Date of Birth (DOPlace of Birth) ovide his/her spousE	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle:	First:	Height: Age: Height: First:	
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If maritians in the second in th	ried the kindly pro Title: Name: Last: Sex	EMiddle:Date of Birth (DOPlace of Birth) ovide his/her spousE	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB):	First:	Height: Age: Height: First:A	ge:
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari i. ii. iii. iv.	ried the kindly pro Title: Name: Last: Sex Pleace of Birth 0	EMiddle:Date of Birth (DOPlace of Birth) ovide his/her spousE	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB):	First:	Height: Age: Height: First:A	ge:
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari i. ii. iii. iv. b. If livin	ried the kindly pro Title: Name: Last: Sex Pleace of Birth O	Middle:	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB): ommunication as	First:	Height: Age: Height: First:A contact details.	ge:
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari i. ii. iii. iv. b. If livin House No:	ried the kindly pro Title: Name: Last: Sex Pleace of Birth of the separate, kindlyStreet/leace	EMiddle:Middle:Date of Birth (DO Place of Birth (DO Place of Birth (DO Place of Birth (DO E Date of E Date of E Date of E Provide his/her considerable and the providerable	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB): ommunication ac Nearest Lan	First: try: ddress and of Mark:	Height: Age: Height: First:A contact details.	ge:
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari i. ii. iii. iv. b. If livin House No: City/Town:	ried the kindly pro Title: Name: Last: Sex Pleace of Birth One is separate, kindlyStreet/leace	Middle:Middle:Date of Birth (DOPlace of Bir	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB): ommunication ac Nearest Lan	First: try: ddress and of Mark:	Height: Age: Height: First:A contact details.	ge:
1. 2. 3.	nd Child: Title: Name: Last: Sex: Marital Status: a. If mari i. ii. iii. iv. b. If livin House No: City/Town:	ried the kindly pro Title: Name: Last: Sex_ Pleace of Birth One in the content of the c	Middle:Middle:Date of Birth (DOPlace of Bir	ye Coulor: OB) rth City & Coun se details: ye Coulor: Middle: Birth (DOB): ommunication ac Nearest Lan	First: try: ddress and of Mark:	Height: Age: Height: First:A contact details.	ge:

Should be filled by Applicant and Spouse (If applicable)

3 <u>Thir</u>	<u>d Child:</u>			1		
1.	Title:			Eye Coulor:		Height:
2.	Name: Last:		_Middle:		First:	
3.	Sex:	Dat	e of Birth	(DOB)		Age:
4.						
	a. If marr	ried the kindly provide	his/her sp	ouse details:	-	
	i.	Title:		Eye Coulor:		Height:
	ii.	Name: Last:		Middle:		First:
						Age:
	iv.	Pleace of Birth City &	c Country:			
	b. If livin	g separate, kindly prov	ide his/he	er communication a	ddress and c	contact details.
	House No:	Street/Block	:	Nearest Lar	nd Mark:	
	City/Town:		State:			Postal Code:
	Country:					
	c. Contac	et Details:	/	1		
	Country Code:	Cell Numb	oer:		Email:	
				7		
4 <u> Four</u>	th Child:					
1.	Title:			Eye Coulor:		Height:
2.						
3.	Sex:	Dat	e of Birth	(DOB)		Age:
4.	Marital Status:		_ Place of	Birth City & Cour	ntry:	
	a. If marr	ried the kindly provide	his/her sp	ouse details:		
	i.	Title:		Eye Coulor:		Height:
	ii.	Name: Last:		Middle:		First:
	iii.	Sex	Date	of Birth (DOB):		Age:
	iv.	Pleace of Birth City &	c Country:			
	b. If livin	g separate, kindly prov	ide his/he	er communication a	ddress and c	contact details.
	House No:	Street/Block	:	Nearest Lar	nd Mark:	
	City/Town:		State:			Postal Code:
	Country:		-	100		
	c. Contac	et Details:				
	Country Code:	Cell Numb	oer:		Email: _	

Should be filled by Applicant and Spouse (If applicable)

SECTION D: AVAILABEL FUNDS YOU HAVE (BOTH APPLICANT AND SPOUSE)

In US Dollars		In Indian Rupee (INR)
Convertion Rate:		Conversion Date:
SECTION E: DECLARATION BY A	PPLICANT A	AND SIGNATURES (PRINT LAST PAGE TO SIGN)
Have you or any dependent been:		
executed (refused entry) from	Yes	No
refused a visa by	Yes	No
removed or deporting from	Yes	No
any country, including the chooosen one	(on first page	e of this form)
Have you or any dependent ever comm	nited any crim	me, arrested, or convicted for any offence or crime
Yes No		
If you have answered Yes to any of the q	uestion above	e, provide details below

Should be filled by Applicant and Spouse (If applicable)

Consent and Declaration by Applicant

Consent to release information to intended company dealing with the province/terriotory of destination, on my own		
behalf		
I, (first name, last name) on behalf of myself and all the dependants		
included in this application, authorize Naviguer Education Private Limited Hoshiarpur to share the information		
collected in this application as well supporting documentation with Provincial and Territorial authorities with		
responsibility for immigration for the purpose of the Permanent Residency.		
I agree that the information contained in this application related to my intended occupation, education and work		
experience may be shared with prospective employers in order to assist them in hiring workers.		
N. Y.		
NoYes		
Consent to release information for Evaluation Purposes.		
Consent to release information for Evaluation I diposes.		
This declaration covers the information I have provided on this form and all the information submitted in my		
application as well in the attached schedules and accompanying documents.		
approximent as well in the analysis series and accompanying decomments.		
I understand that any false statement or concealment of material facts may result in my exclusion from the applying		
country (choosen on first page of this form) and may be grounds for my prosecution or removal.		
I will immediately inform the company, where I submitted my application if any of the information or the answers		
provided in my application forms change.		
Declaration by Applicant		
Declaration by Applicant		
I declare that the information I have given is truthful, complete and correct.		
Signatures Dated		
Dutou Dutou		

Please give us two weeks to finalize your pre assessment.

Should be filled by Applicant and Spouse (If applicable)

Check List of Documents Attached

1. Current CV, self and spouse (if applicable)
2. Passport Size Snap, self, spouse and kids (if applicable)
3. Academic Documents Transcripts and Certificates Original Sacan, self and spouse
4. Birth Certificate self, spouse and kids (if applicable)
5. Passport self, spouse and kids (if applicable)
6. Funds

Note: Consider environment, before printing this document.

Either e - mail or post this assessment form with supporting documents to,

Naviguer Education Pvt. Ltd.

SCO – 2, First Floor, Above SBI

Opposite Green View Park

Court Road Hoshiarpur (146001)

Punjab Bharat (India)

For any assistance contact: 01882 505506, 228462, navigueredu@gmail.com

Additional Information	Should be filled by Applicant and Spouse (If applicable)
	T T TO

Should be filled by Applicant and Spouse (If applicable)