



**ASSESSMENT FORM – STUDENT**

**1. Personal Information:**

Name:	
Date of Birth (dd/mm/yy):	
Sex (Male/Female):	Country of Citizenship:
Address:	
Email:	Passport Number:
Tel (with Country code):	
Marital Status:	First Language:
No. of dependent children (Including step-children):	

**2. Details of Education (From Grade 10):**

Duration		Name of Institution	Complete address with Postal Code	Type of Certificate/Degree/Diploma Issued (Mention Full Time or Part Time). Mention Specialization	Overall % / Grade / CGPA	Date of Graduation (D-M-Y)
From D-M-Y	To D-M-Y					

**3. Employment History (During Last 10 years only) // Please attach CV/Resume**

Duration		Name of the Company, Location (City/Country)	Designation and Detailed Job Duties (Attach Resume/CV)
From D-M-Y	To D-M-Y		



**4. Language Ability: (If you have IELTS (Academic) or other language score, write the band/score)**

**Date of test (DD/MM/YY):**

ENGLISH: (High /Moderate/Basic/None)	FRENCH: (High/Moderate/Basic/None)
SPEAKING:	SPEAKING:
LISTENING:	LISTENING:
READING:	READING:
WRITING:	WRITING:

**5. Program interested in:**

	1 Y	2 Y	3 Y	4 Y
Post Secondary Diploma (If applying after 12 <sup>th</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduate Diploma (If applying after Degree/Diploma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor Degree – 4 years (If applying after 12 <sup>th</sup> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masters Degree (If applying after Masters or 4yrs Degree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Provide program choices in the area of:**

- Engineering and Technology  
  Sciences  
  Arts  
  Business, Management and Economics  
 Law, Politics, Social, Community Service and Teaching  
  English for Academic Studies  
 Health Sciences, Medicine, Nursing, Paramedic and Kinesiology

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**7. Background Information:**

Have you ever applied for any type of immigration into Canada/USA? (e.g., Visitor Visa, Express Entry)

- Yes  No

Have you ever been refused a Visa for Canada/USA or any other country?

- Yes  No

Were you ever removed from Canada/USA or any other country?

- Yes  No



**KHANNA**  
**IMMIGRATION SERVICES**  
YOUR JOURNEY, OUR EXPERTISE

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Email: [khannaimmigration@outlook.com](mailto:khannaimmigration@outlook.com)

Website: [www.khannaimmigration.com](http://www.khannaimmigration.com)

Have you ever visited Canada/USA before?

- Yes  No

Have you ever overstayed your authorized stay in any country where you were legally admitted?

- Yes  No

Have you ever been convicted of a criminal offence?

- Yes  No

Do you suffer from a serious medical condition?

- Yes  No

Do you currently hold a valid Canadian or USA Visa?

- Yes  No

Are you currently residing in Canada or the USA?

- Yes  No

If you answered "Yes" to any of the following questions above, please provide more details below:

Please send the completed Assessment form to: [khannaimmigration@outlook.com](mailto:khannaimmigration@outlook.com)

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