

# RNR Canadian Immigration Consultancy Inc. - Client Assessment Form

Note: - Please fill out all the columns and put N/A if any column is not applicable.

Please Indicate Immigration Services Requested (Study / Work / Immigrate / Visitor)

Name:

**PHONE NO:**

Date of Birth

Age

Gender: Male/Female \_\_\_\_\_

Permanent Address \_\_\_\_\_

Email \_\_\_\_\_

Details of Education:

Period From - To	Name of Institution / Board / University	Details of Degree/Diploma	Mode of Study Regular OR Correspondence	Grade/ Division

IELTS :- Date of Exam \_\_\_\_\_

Type (AC/GT) \_\_\_\_\_

L-	S-	R-	W-	Overall:
----	----	----	----	----------

French Test :- Date of Exam \_\_\_\_\_

Type \_\_\_\_\_

L-	S-	R-	W-	Overall:
----	----	----	----	----------

Marital Status \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Details of Work History For last 10 Years :

Period From - To	Name of Organisation / Company	Occupation / Position

# RNR Canadian Immigration Consultancy Inc. - Client Assessment Form

Details of Dependents :

S. No.	Name	Date of Birth	Relation

Spouse IELTS :- Date of Exam \_\_\_\_\_ Type (AC/GT) \_\_\_\_\_

L-	S-	R-	W-	Overall:
----	----	----	----	----------

Spouse French Test :- Date of Exam \_\_\_\_\_ Type \_\_\_\_\_

L-	S-	R-	W-	Overall:
----	----	----	----	----------

Spouse's Details of Education:

Period From - To	Name of Institution / Board / University	Details of Degree/Diploma	Mode of Study Regular OR Correspondence	Grade/ Division

Spouse's Details of Work History For last 10 Years :

Period From - To	Name of Organisation / Company	Occupation / Position

First Blood Relative in Canada/USA or any other country : Country Name(s)

Province/State, Country	Name of Relative	Relation

DATE: \_\_\_\_\_ PLACE : \_\_\_\_\_ SIGNATURE \_\_\_\_\_