

WHY NOT IMMIGRATION SERVICES

CLIENT ASSESMENT FORM

Date.....

Branch:

Note: - Please fill out all the columns and put N.A. if any column is non-Applicable

1. Name

2. Date of Birth, Age.....Years.....

3. Gender Male.....Female.....

4. Permanent Address

5. E-mail Address

6. Contact No Personal.....

7. Details of Education Since Matriculation : (Full Time/ Part Time)

Period From To	Name of the Institution/Board / University	Details of Degree & Diplomas	Mode of Study Regular/ Correspondence	Grade Division

8. IELTS / French Score (if candidate has written test already):-

English Language

Proficiency	Score/ Band	Date of Exam
Listening		
Speaking		
Reading		
Writing		

French Language (If Applicable)

Proficiency	Beginner	Intermediate	High	Date of Exam
Listening				
Speaking				

9. Details of Work History For last 10 Years :

Period From To	Name of the Organization/ Company	Occupation/ Position

10. Marital StatusDate of Marriage.....

11. Details of Dependants (Include Spouse & Children)

S. No	Name	DOB	Relation

12. Spouse's Education

Period From To	Name of the Institution/Board / University	Details of Degree & Diplomas	Mode of Study Regular/ Correspondence	Grade Division

13. Spouse Work History:

Period From To	Name of the Organization/ Company	Occupation/ Position

14. First Blood relative in Overseas Country

Total Net Worth:-

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Date.....

Place.....

Signature.....

*****Please Attach Your Resume**
