

VISITOR VISA

INVITER/SPONSOR		
1	Copy of PR card (both sides) or copy of Canadian Passport	
2	Copy of Indian Passport, if applicable	
3	Invitation Letter addressed to the applicant	
4	Statement of bank account (Past 4 months)/ Balance Certificate	
5	Notice of Assessment for the most recent taxation year	
6	If Employed, Copy of Job letter and 4 recent Paystubs from the employer	
7	If Employed, Notice of Assessment	
8	If Self Employed, Proof of business registration and Letter from accountant confirming annual income and ownership of business	
9	Proof of relationship with applicant – Indian Passport, Birth certificate etc.	

APPLICANT(S)		
1	Copy of Passport	
2	Copy of Aadhar card/Pan card/Voter ID, if applicable	
3	Marriage Certificate, if applicants are married and applying together	
4	Digital Passport Size Photo	
5	Bank statement for the 1 year showing over \$10,000 CAD	
6	Bank Balance Certificate	
7	If employed, provide <ul style="list-style-type: none"> - Job Letter and Pay Slips (Past 1 year) - Job Leave Approval/No Objection Certificate (NOC) 	
8	If farming income, provide jamabandi (English Translation) and J-forms	
9	Income Tax Returns, previous 2 years, if available	
10	CA Report/ Valuation Report, if applicable	
11	Previous file (if any refusals)	

EMPLOYMENT HISTORY

(If previously refused from Canada, then must be consistent with the previous file)

From (YYYY-MM)	To (YYYY-MM)	Activity/occupation	Company	City, Country

EDUCATION – POST-SECONDARY

From (YYYY-MM)	
To (YYYY-MM)	
Field of study	
School/Facility name	
City/Town/Country	

FAMILY INFORMATION

	SPOUSE	MOTHER	FATHER
Name			
DOB & Country of Birth			
Marital Status			
*Full Address			
Occupation			

***IF DECEASED, CITY, COUNTRY AND DATE OF DEATH IN FULL ADDRESS**

	SISTER/ BROTHER	SISTER/ BROTHER	SISTER/ BROTHER
Name			
DOB & Country of Birth			
Marital Status			
*Full Address			
Occupation			

***IF DECEASED, CITY, COUNTRY AND DATE OF DEATH IN FULL ADDRESS**

	SON/ DAUGHTER	SON/ DAUGHTER	SON/ DAUGHTER
Name			
DOB & Country of Birth			
Marital Status			
*Full Address			
Occupation			

***IF DECEASED, CITY, COUNTRY AND DATE OF DEATH IN FULL ADDRESS**

Please tick yes/no for the following questions.		YES	NO
1.	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?		
2.	Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?		
If you answered yes to Q1/Q2, please provide details and the name of the family member (if applicable):			
3.	Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory?		
If you answered yes to Q3, please provide details:			
4.	Have you been refused visa or denied entry to Canada or any other Country?		
If you answered yes to Q4, please provide details:			