



Government
Of Canada
High Commission of Canada

VISA Application Form

Type of VISA Required: General
Period of Visa: 2 Years
Port of Arrival: N/A
No of Entries: 01
Expected Date of Journey: N/A
Port of Exit: N/A



A. Personal Particulars (As in Passport)				
Surname	Bapary	Marital Status	Unmarried	
Name	Md Razib	Religion	Muslim	
Previous/other Name if any	N/A	County of Birth	Bangladesh	
Sex	Male	Educational Qualification	N/A	
Date of Birth	31 Dec 2003	Nationality by Birth	Bangladeshi	
Place of Birth Town/ City	Gaibandha			
Citizenship / National ID NO.	1973382748			
Visible Identification Marks	N/A			
Current Nationality	Bangladeshi			
B. Passport Details				
Passport No.	A01512363	Date of Issue	26 Feb 2023	
Place of issue	Bangladesh	Date of Expiry	25 Feb 2033	
Nationality Status	Bangladeshi			
C. Applicant's Details				
Present Address	KhardoKomorpur-5730, Gaibandha, Bangladesh	Phone	N/A	
		Mobile/Cell Number	+88017519907**	
		E-mail Address	N/A	
Permanent Address	KhardoKomorpur-5730, Gaibandha, Bangladesh			
D. Any other Passport/address Certificate held (If yes, please fill in the following)				
Country of issue		Place of Issue	Canada	
Passport/ID No.		Date of Issue (dd/mm/yy)	13/11/2024	
E. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place Country of Birth
Father	Md Isahak Ali	Bangladeshi	Bangladeshi	Bangladesh
Mother	Mst Akhi Tara	Bangladeshi	Bangladeshi	Bangladesh
Spouse	N/A	Bangladeshi	Bangladeshi	Bangladesh

Note: Were Your Grandfather/Grandmother (Paternal/Maternal) Bangladesh Nationals Or Belong To Bangladesh Held Area.

Canada



Canada

PCL FOOD COMPANY
CANADA

Food Packing

JOB OFFER LETTER

Date: 13-11-2024

Ref No: 4385/EOS 493

Name: Md Razib Bapary

Passport: A01512363

Salary: 2450 CAD

Post: Food Packing

Nationality: Bangladeshi



Congratulation! With reference to your educational certificates copies submitted with us and the online interview you had with us. We are pleased to confirm that we have selected you to work with us, in our company (PCL FOOD COMPANY). We delighted to make you the following job offer.

We are offering you the position of Food Packaging Operator (code-2475) at a salary monthly basic salary will be 2450 CAD. Total 2450 CAD, after the Taxes as Monthly allowances.

JOB DESCRIPTION: FOOD PACKING

This position reports directly to our company (PCL FOOD COMPANY) . Your working hours will be from (8 am to 5pm) with an hour break+ 2 hours over time , a total number of 40 hours per week (Mondays-Fridays). This is a (Permanent) position.

Benefits Information to the position.



Frank Sinatra
.....
AUTHORIZED BY



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

LMIA

Labour Market impact Assessment

Confirmation Number:977858

Annex

Canadian Labour Council Approved

Labour Market impact Assessment Certified Number:6995856

Official file number: 97749862

Canadian Service Center: 5779- Foreign worker

Recruitment Branch

Canadian Service office: Logan Ethan

Phone: (206)429-8089

Date: 18-11-2024

Opinion Expiry Date: 18-11-2026 Renewable/Negotiable

Between Employer & Employee in Agreement according to Canadian Oath of law

"Please Note that Foreign Worker Must Apply to CYO for a Work Permit Prior To This Date."

Employer Information:

Client Name:

Md Razib Bapary

Post (with code) : FOOD PACKING (**75)

Client Passport No: A01512363

Employer Company Name: PCL Food Company. Canada

"Please Note of this number for future reference as this will help in the processing of any future Foreign Marker requests."

Client Contact Number: +88017519907**

Client Service Centre: Toronto,Canada

Canada 


Medical Report: Section A - EDE /EFE

SPOUSE OR COMMON-LAW PARTNER IN CANADA CLASS

SECTION 1 - You must complete this section. Print clearly, in block letters.

FOR OFFICIAL USE ONLY	
CASE PROCESSING CENTRE - VEGREVILLE	
IMS Serial Number:	EH0252915
FOSS Client ID:	896583569

Client Identification & Summary

Surname: (provide alias in brackets) Bapary				Forename/First Names: Md Razib			
Sex Male	Date of Birth Day: 31 Month: 12 Year: 2003	Country of Birth Bangladesh		Intended Canadian Destination: Toronto			
Mailing Address (If further medical information is required) Gaibandha, Bangladesh Contact No: +88017519907** Passport: A01512363				Relation to Sponsor <input type="checkbox"/> Spouse or Common-Law Partner <input type="checkbox"/> Dependent Child			
Blood Group: B+				 <p>PHOTO Required for all applicants. Must be taken within six months of the medical examination.</p>			
Contact Address/Person within Canada (name, full address and telephone number) JH Hossain Address : Avenue Road, 1008, Toronto NO Canada, Telephone : +2268560934							

SECTION 2 - To be completed by a Designated Medical Practitioner

PHYSICIAN'S SUMMARY AND DECLARATION BASED ON HISTORY AND PHYSICAL EXAMINATION

✓ check off ALL appropriate item(s):

- A. Findings that are unremarkable or minor conditions** which normally respond well to short term outpatient treatment. Immediate surgery is not required. Applicant can be followed by a general practitioner and will have minimal requirements for hospitalization or social services. No active TB or dangerous behaviour. (e.g. controlled diabetes and/or hypertension with no associated significant end organ damage, cataracts not requiring immediate surgery, psychiatric disorders that are well controlled and where the applicant is capable of working and will likely remain self-sufficient, etc.)
- B. Findings that require periodic specialist follow-up care** but which normally can be handled without resorting to repeated hospitalizations or the provision of social services (e.g. totally asymptomatic congenital or rheumatic heart disease where the requirement for hospitalization and/or surgical intervention appears very unlikely over the next 5-10 years, well controlled rheumatoid arthritis with a minimal functional impact, etc.) Applicant should be able to function independently and be self-sufficient (no anticipated need for domiciliary or nursing home care in the future). No evidence of mental retardation or developmental delay. No active TB or dangerous behaviour. At most, only minor hospitalization likely in the near future.
- C. Findings that may require more extensive investigation or care. Applicants where:**
 - (1) HOME/INSTITUTIONAL SUPERVISION & CARE IS NEEDED.
 - (2) MAJOR HOSPITALIZATION (especially for procedures involving any joint replacements, transplantation, cardiac surgery, subspecialist care, repeated hospitalization) is required.
 - (3) SPECIALIZED HOSPITAL FACILITIES such as DIALYSIS units or CANCER outpatient clinics is needed.
 - (4) There is the need for use of intermittent/continuing SOCIAL SERVICES, or specialized educational/vocational training.
 - (5) DETERIORATION appears quite likely.
 - (6) the normal acquisition or maintenance of SELF-SUFFICIENCY APPEARS DOUBTFUL.
 - (7) ACTIVE TB appears to be present (or an easily communicable serious infectious disease).
 - (8) BEHAVIOUR appears to be POTENTIALLY DANGEROUS to others (e.g. some psychiatric disorders or illicit drug/alcohol abuse during the last two years, especially when associated with impaired driving or legal difficulties).

EXAMPLES: dementia; mental retardation; developmental delay requiring special educational/training; renal insufficiency; diabetic nephropathy; psychiatric disorders causing clinically significant distress or impairment in social, occupational, or other important areas of functioning; symptomatic heart disease of any cause; dialysis; follow-up for neoplastic disorders; functional impairment due to strokes, etc.; symptomatic peripheral vascular disease; Parkinsonism; multiple sclerosis; renal conditions with the potential of deterioration; genetic/inherited disorders likely to create a functional deficit.
- D. Other conditions/disorders** difficult to categorize or where there is a lack of medical information.

DECLARATION: I declare that I have confirmed the identity and examined this applicant and that this is a true and correct record of my findings.				
Physician's full name, address and telephone number (OFFICE STAMP MAY BE USED) Name : Margaret Krol Szpakowski Address : Dr Margaret krol Szpakowski, 255 Main St. West, Ontario Telephone : 905237944			Signature <i>Margaret Krol</i>	
			Date	Day: 18 Month: 11 Year: 2024
Place of examination Ontario				



CANADA

CA028 240 421
U517342470

VINICIUS MOUTA SOUZA
101 B7A-904 AVENIDA LUCIO TOME FETEIRA
SAO GONCALO/RJ VILA LAGE 24415000
BRAZIL

Application/Demande: W603037272

UCI/IUC: 2018042753

WORK PERMIT/PERMIS DE TRAVAIL

CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille:	BAPARY	
Given Name(s)/Prénom(s):	MD RAZIB	
Date of Birth/Date de naissance:	2003/12/31	(yyyy/mm/dd - aaaa/mm/jj)
Sex/Sexe:	MALE	
Country of Birth/Pays de naissance:	BANGLADESH	
Country of Citizenship/Citoyen de:	BANGLADESHI	
Travel Doc No./N° du document de voyage:	A01512363	PASSPORT

ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Déjà livré le:	2024/11/22	(yyyy/mm/dd - aaaa/mm/jj)
Expiry Date/Date d'expiration:	2029/11/22	(yyyy/mm/dd - aaaa/mm/jj)
Case Type/Genre de cas:	56	
LMIA or Exempt No./N° de l'EIMT ou Dispense:		
Employer/Employeur:	OPEN	
Employment Location/Emplacement de l'emploi:	TORONTO	
Occupation/Profession:	OPEN	
In Force From/En vigueur le:	2029/11/22	(yyyy/mm/dd - aaaa/mm/jj)

Conditions:

1. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES.

Remarks/Observations:

ACCOMPANYING STUDY PERMIT HOLDER SPOUSE - UCI 1104062315.
NOTE: OPEN WORK PERMIT ONLY VALID WHILE SPOUSE IS A FULL-TIME ENROLLED STUDENT AT A DESIGNATED LEARNING INSTITUTION

THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE





Canadian Police Service

ORDER FORM

(Police Clearance Certificate from CANADA)

Last Name : Bapary
First Name : Md Razib
Previous Name(s) : N/A
Date of Birth : 31-12-2003
Passport no : A01512363
Exact Place of Birth : Gaibandha, BD
Sex : Male

REF/NO.8692/MAY/62 188

Please, provide me with Police clearance certificate from Canada.

I am sending/providing you with the following documents/information:

1. Copy of the main page of my current valid passport
2. Your mailing address where the Certificate will be mailed by Canadian Government: RCTC Corp. (VisaCenter.ca) 1000 Finch Ave. West, Suite 900 Toronto, ON, M3J 2V5 Canada.
3. Original fingerprint forms with your fingerprints (and translation into English if done in other language)
4. Payment Certified Cheque or Credit Card Authorization Form (if paying by credit card).

RCTC Corp. (VisaCenter.ca)
1000 Finch Ave. West, Suite
900 Toronto, ON, M3J 2V5
Canada

Toll-Free: 1-866-334-0811
Fax: 1-416-352-1794

OUR MAILING ADDRESS: =>

RCTC Corp. (VisaCenter.ca) 1000 Finch Ave. West, Suite 900 Toronto, ON, M3J 2V5 Canada

Signature Of Commissioner



Date: 25/11/2024

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