



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	Uddin	Marital Status	Married	
Name	Md Selim	Religion	Islam	
Previous/other Name if any	N/A	County of Birth	Bangladesh	
Sex	Male	Educational Qualification	N/A	
Date of Birth	15 May 1970	Nationality by Birth	Bangladeshi	
Place of Birth Town/ City	Noakhali			
Citizenship / National ID NO.	N/A			
Visible Identification Marks	N/A			
Current Nationality	Bangladeshi			
B. Passport Details				
Passport No.	A01306112	Date of Issue	06 Jun 2021	
Place of issue	Bangladesh	Date of Expiry	05 Jun 2026	
Nationality Status	Bangladeshi			
C. Applicant's Details				
Present Address	Muradpur-3821, Noakhali	Phone	N/A	
		Mobile/Cell Number	N/A	
		E-mail Address	N/A	
Permanent Address	Muradpur-3821, Noakhali			
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/yyyy)	28/10/2024	
E. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place Country of Birth
Father	Abdur Rashid	Bangladeshi	Bangladeshi	Bangladesh
Mother	Samsun Nahar Begum	Bangladeshi	Bangladeshi	Bangladesh
Spouse	Aklima Akhter	Bangladeshi	Bangladeshi	Bangladesh

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



Canada

PCL FOOD COMPANY  
CANADA

Food Packing

JOB OFFER LETTER

Date: 28-10-2024

Ref No: 4385/EOS 483

Name: Md Selim Uddin

Passport: A01306112

Salary: 2950 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 2950 CAD. Total 2950 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.



*Sand 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: 08-11-2024

Opinion Expiry Date: 08-11-2026 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 SELIM UDDIN

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

Client Passport No: A01306112

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: N/A

Client Service Centre: Toronto,Canada

Canada 



# 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:	UDDIN	
Given Name(s)/Prénom(s):	MD SELIM	
Date of Birth/Date de naissance:	1970/05/15	(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:	A01306112	PASSPORT

### ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Déjà le:	2024/11/08	(yyyy/mm/dd - aaaa/mm/jj)
Expiry Date/Date d'expiration:	2026/11/08	(yyyy/mm/dd - aaaa/mm/jj)
Case Type/Genre de cas:	75	
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:	2024/11/08	(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\*\*\*



# 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.

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

### Client Identification & Summary

Surname: (provide alias in brackets) UDDIN				Forename/First Names: MD SELIM	
Sex Male	Date of Birth Day: 15, Month: 05, Year: 1970	Country of Birth Bangladesh		Intended Canadian Destination: Toronto	
Mailing Address (If further medical information is required) Noakhali, Bangladesh Contact No: +8801***** Passport: A01306112  Blood Group: B+				Relation to Sponsor <input type="checkbox"/> Spouse or Common-Law Partner  <input type="checkbox"/> Dependent Child	
Contact Address/Person within Canada (name, full address and telephone number) JH Hossain Address : Avenue Road, 1008, Toronto NO Canada, Telephone : 2268560934					



**PHOTO**  
Required for all applicants.  
Must be taken within six months  
of the medical examination.

### 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.

<b>DECLARATION:</b> 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
				1	0
				1	1
				2	0
				2	4
Place of examination Ontario					



# Canadian Police Service

## ORDER FORM

### (Police Clearance Certificate from CANADA)

Last Name : Uddin  
First Name : Md Selim  
Previous Name(s) : N/A  
Date of Birth : 15-05-1970  
Passport no : A01306112  
Exact Place of Birth : Noakhali, 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: 10/11/2024

Canada