

## **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

Port of Exit:	N/A	. 34	
A.Personal Particulars	(As in Passport)		ANA
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		1 1
Visible Identification I	Marks N/A	A A A	
Current Nationality	<b>Bangladeshi</b>		100
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		/ (3)
C.Applicant's Details			
Present	Muradpur-3821, Noak	khali Phone	N/A
Address		Mobile/Cell Number	N/A
		E-mail Address	N/A
Permanent	Muradpur-3821, Noak	thali	
Address	1 / 1 7		
D.Any others Passport	/address Certificate held (If yes, p	olease 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 Rash	id Bangladeshi	Bangladeshi	Bangladesh
Mother Samsun Na Begum	har Bangladeshi	Bangladeshi	Bangladesh
Spouse Aklima Akh	ter Bangladeshi	Bangladeshi	Bangladesh

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







# 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.



**AUTHORIZED BY** 



# **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."

ABOUR \

### **Employer Information:**

**Client Name:** 

**MD SELIM UDDIN** 

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

Client Passport No: A01306112

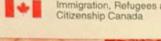
Employer Company Name: PCL Food Company, Canada

"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







CA028 240 421 U517342470

Ivi



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

> Application/Demande: W603037272 2018042753 UCI/IUC:

#### WORK PERMIT/PERMIS DE TRAVAIL

#### CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille:

Given Name(s)/Prénom(s):

Date of Birth/Date de naissance:

UDDIN

MD SELIM 1970/05/15

Country of Birth/Pays de naissance: Country of Citizenship/Citoyen de:

Travel Doc No./N° du document de voyage:

MALE BANGLADESH

BANGLADESHI A01306112

PASSPORT

(yyyy/mm/dd - aaaa/mm/ji)

#### ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Délivré le:

2024/11/08

(yyyy/mm/dd - aaaa/mm/ji)

Expiry Date/Date d'expiration:

2026/11/08 75

(yyyy/mm/dd - aaaa/mm/jj)

Case Type/Genre de cas: 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 - aasa/mm/ji)

#### Conditions:

Sex/Sexe:

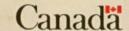
1. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS. MASSAGE PARLOURS OR ESCORT SERVICES.

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\*\*\*

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ CANADA - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA



Citizenship and

Citoyenneté et Immigration Canada Immigration 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.

### Client Identification 9 Cummons

THO I EGILLO WHEN GOMPLETED TO					
FOR OFFICIAL USE ONLY					
CASE PROCESSING CENTRE - VEGREVILLE					
IMS Serial Number: EH0252915					
FOSS Client ID: 896583569					

Surname: (provide alias in brackets) UDDIN			kets)		Forename/First Names MD SELIM	Charles and Charles Annual Charles			
Sex I Male	Date of B Day 15	Birth Month 05	1970	Country of Birth Bangladesh	Intended Canadian Destination . Toronto	T 7			
Mailing Address Noakhali, Ba Contact No: Passport: Blood Group	anglade : +8801 A01306	esh ******	al informatio	on is required)	Relation to Sponsor  Spouse or Common-Law Partner  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.					

check off ALL appropriate item(s):

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.)

Findings that require periodic specialist follow-up care but which normally can be handled without rescribing 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 retaination or developmental delay. No active TB or dangerous behaviour. At most, only minor hospitalization likely in the near tuture.

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.

Other conditions/disorders difficult to categorize or where there is a lack of medical information.

Signature  Mangahet Khil			
Date	Day   Month	Year 2 0 2 4	
Place of examination Ontario			
	Date Place of examination	Date Day Month 1 0 1 1 1	



# **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

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

REF/NO.8692/MAY/62 188

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

