

## **Eligibility assessment form**

### **Personal Details::**

Title:                      First Name:    Last Name:

\_\_\_\_\_  
Father's/Husband's Name:

\_\_\_\_\_  
Date of Birth:    Nationality:

\_\_\_\_\_  
Present Occupation:

\_\_\_\_\_  
Annual Income:

### **Contact Details::**

\_\_\_\_\_  
Full Address [Current]:

\_\_\_\_\_  
Mobile:

\_\_\_\_\_  
Home Telephone:

\_\_\_\_\_  
E-mail Id:

\_\_\_\_\_  
Skype Id:

### **Other details::**

\_\_\_\_\_  
Are your plans for immigration temporary or permanent?

\_\_\_\_\_  
Do you have family or dependants who will immigrate with you? Yes/No

\_\_\_\_\_  
Do you have a job offer in New Zealand? Yes/No

### **Details of the Spouse & Dependents (if married)::**

\_\_\_\_\_  
Name:

DOB: \_\_\_\_\_ Nationality \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational qualification: \_\_\_\_\_

Years of work experience in occupation: \_\_\_\_\_

**Dependent/s Child (-ren)::**

Name and Age of 1st Child: \_\_\_\_\_

Name and Age of 2nd Child: \_\_\_\_\_

Name and Age of 3rd Child: \_\_\_\_\_

**Details of Relatives or Friends in New Zealand::**

Name	Nationality	Immigration Status	Relationship to you

**Immigration details::**

How much funds can you invest for your Immigration to NZ? \_\_\_\_\_ [Please mention in INR]

Have you ever held any type of VISA for New Zealand? Yes/No \_\_\_\_\_

**If yes, please give the following details::**

Type of VISA: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Place Issued: \_\_\_\_\_

Length of validity: dd/mm/yyyy \_\_\_\_\_

Have you ever been refused a visa of any country? Yes/No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

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**English language ability::**

How would you rate your English language proficiency - Average/Good/Very Good/ Excellent

**Other details::**

Have you ever been convicted or charged of any offense(however minor) in any country?

Yes/No

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If yes, please include full details below:

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Have you or any of your immediate family had any serious health problems?

Yes/No

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If yes, please include full details below [recent surgery/permanent medications]:

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**Details of Work experience::**

*[Please record in descending order.]*

Company Name	Job Title/Designation	Period of Employment	Location

## **Details of Educational Qualifications::**

Educational details	Name of the Institution/University	Type of Board/Name of the Course	Year of Passing	Exact Percentage of Marks