

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **V400047196**

Requested Date: **03/14/2023**

APPLICATION: V400047196

Created Date: **2021/11/17**

Updated Date: **2022/11/05**

Primary Office: **New Delhi**

Secondary Office: **Bangalore**

App #: **V400047196**

App Status: **Closed**

App Status Reason: **Refused**

Rec'd Date: **2021/11/17**

Rec'd Via: **IRCC Portal**

Category: **TRV**

Subcategory:

Counterfoil Category: **V-1**

Case Type:

Restoration: **N**

Special Program(s): **TRVI3**

Special Event:

Ministerial Instructions:

Correspond Lang: **English**

Cost Recovery: **Complete**

Overpayment: **N**

Restricted Notes: **N**

High Profile: **N**

Prospective App Delete Date:

Preferred Correspondence Channel: **Online**

Name: **SUKHWINDER SINGH,**

DOB: **1972/10/17**

Travel Doc Expiry: **2030/08/24**

of Entries: **MULTIPLE**

CAQ #:

CAQ Valid To:

Province of Destination: **ON**

City of Destination: **Ottawa**

Available Funds (CAD): **16050**

Stay/Program - From Date: **2021/12/24**

Stay/Program - To Date: **2022/01/25**

Travel Itinerary:

FOSS Doc #:

Associated App:

Pre-Assessment Notes:

BIOMETRICS

IRCC #: **1000001741312**

Assessment: **Complete**

Other Description:

Info: **Received - NRT**

Review:

TRV

Purpose of Visit:

Other Description:

ADMISSIBILITY REQUEST(S)

PROTECTED "B" / PROTÉGÉ "B"

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Requested Date: **03/14/2023**

MED: **N**
VIT34: **N**
VIT35: **N**
VIT37: **N**

STUDY PERMIT

School:
DLI Name:
Level of Study:
Authorization Level:
Field of Study:
Compliance Verification:
Year of Study:
Length of Study:
Tuition (CAD):
Room & Board (CAD):
Other Costs (CAD):
Expenses Paid:
Other Description:
WP Required:
Funding Program Name:
Money Received (CAD):

WORK PERMIT

Exemption Code:
NOC:
Intended Occupation:
Salary (CAD):
LMIA/LMIA Exempt #:
Employer:
Type of Care:
Requiring Care:

ASSESSMENTS

Eligibility: **Failed**
Security:
HIRV:
Criminality: **Passed - Bio**
Org Crime:
Medical:
Misrep:
Other Req:
Info Sharing: **Complete**
Final: **Refused**
Counterfoil Req: **Y**

PAPER FILE

Office:
#:
Location:

CASE TYPE

CASE TYPE: **0**

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SPECIAL PROGRAM

SPECIAL PROGRAM: **1**

Created Date: **2021/08/05**

Updated Date: **2021/08/05**

Primary: **Y**

Special Program: **TRVI3**

Description: **TRV Inventory**

TYPE OF CARE

TYPE OF CARE: **0**

CLIENT DETAILS

CLIENT DETAILS: **1**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

UCI/Party ID: **1126223872**

Client/Party: **PA**

Relationship:

Other Relationship Descrip:

Name: **SUKHWINDER SINGH,**

Gender: **Male**

DOB: **1972/10/17**

Effective Date: **2021/11/17**

Expiry Date:

Citizenship(s): **India**

CoR: **India**

Place of Birth (City/Town): **GEHLAN,PUNJAB**

Country of Birth: **India**

Marital Status: **Married**

Background Info: **N**

Travel Doc #: **U5418008**

Travel Doc Expiry Date: **2030/08/24**

Travel Doc Country of Issue: **India**

Official Language: **Neither**

Can Communicate in English: **No**

Can Communicate in French: **No**

Official Language Proficiency Test: **No**

Non Canadian Visa

#:

Country of Issue:

ADDRESS

Type: **Residence**

Country: **India**

Apartment #:

Street #:

Street Address: **VILLAGE-GEHLAN P.O. MEHSAMPUR**

Street Address 2:

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

s.19(1)

Request Identifier: **V400047196**

Requested Date: **03/14/2023**

PO Box:
City/Town: **SANGRUR,PUNJAB**
Province/State:
District:
Postal/Zip Code: **148026**
Telephone #: **+919855303533**
Fax #:
E-mail: **sukhwinder3449@gmail.com**

PARTY DETAILS

PARTY DETAILS: **1**
Created Date: **2021/11/17**
Updated Date: **2021/11/17**
UCI/Party ID:
Client/Party: **Inviter**
Relationship: **Other**
Other Relationship Descrip: **Membre de la famille - A Family member**
Name: **SHARMA, ABHISHEK**
Gender: **Unknown**
DOB: ******/**/****
Effective Date: **2021/11/17**
Expiry Date: **2021/12/23**

AUTHORIZED REPRESENTATIVE

Status:
Province/Territory:
Membership #:
Expiry Date:

ADDRESS

Type: **Residence**
Country: **Canada**
Apt/Unit #: **403**
Street #: **2448**
Street Address: **CARLING AVE**
Street Address 2:
PO Box:
City/Town: **OTTAWA**
Province/State: **ON**
District:
Postal Code: **K2B 7H3**
Telephone #: **6134001236**
Fax #:
E-mail: **abhisheksharma07242000@gmail.com**

PARTY DETAILS: **2**
Created Date: **2021/11/17**
Updated Date: **2021/11/17**
UCI/Party ID:
Client/Party: **Unpaid Rep**
Relationship: **Other**
Other Relationship Descrip: **Membre de la famille - A Family member**
Name: **SHARMA, ABHISHEK**

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

s.19(1)

Request Identifier: **V400047196**

Requested Date: **03/14/2023**

Gender: **Unknown**

DOB: ******/**/****

Effective Date: **2021/11/17**

Expiry Date:

AUTHORIZED REPRESENTATIVE

Status:

Province/Territory:

Membership #:

Expiry Date:

ADDRESS

Type: **Residence**

Country: **Canada**

Apt/Unit #: **403**

Street #: **2448**

Street Address: **CARLING AVE**

Street Address 2:

PO Box:

City/Town: **OTTAWA**

Province/State: **ON**

District:

Postal Code: **K2B 7H3**

Telephone #: **6134001236**

Fax #:

E-mail: **abhisheksharma07242000@gmail.com**

PARTY DETAILS: 3

Created Date: **2021/12/23**

Updated Date: **2021/12/23**

UCI/Party ID:

Client/Party: **Designated Individual**

Relationship: **Child**

Other Relationship Descrip:

Name: **Sharma, Ahbishek**

Gender: **Male**

DOB: **2000/07/24**

Effective Date: **2021/12/23**

Expiry Date:

AUTHORIZED REPRESENTATIVE

Status:

Province/Territory:

Membership #:

Expiry Date:

ADDRESS

Type:

Country:

Apt/Unit #:

Street #:

Street Address:

Street Address 2:

PO Box:

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Requested Date: **03/14/2023**

City/Town:
Province/State:
District:
Postal Code:
Telephone #:
Fax #:
E-mail:

ELIGIBILITY

IEC

IEC: **0**

ADMISSIBILITIES

SECURITY

SECURITY: **0**

HIRV
HIRV: **0**

CRIMINALITY

CRIMINALITY: **1**

Created Date: **2021/11/17**

Updated Date: **2021/12/01**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name:

Type: **Criminality**

Status: **Passed - Bio**

Validity Date:

Status Updated Date: **2021/12/01**

ATTACHMENTS

ATTACHMENTS: **0**

CRIMINALITY HISTORY

CRIMINALITY HISTORY: **0**

POLICE CERTIFICATES

POLICE CERTIFICATES: **0**

SUB ACTIVITIES

SUB ACTIVITIES: **1**

Created Date: **2021/11/17**

Updated Date: **2021/12/01**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name:

Type: **Biometrics - RCMP**

Country:

Status: **Received - NRT**

Validity Date:

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **V400047196**

Requested Date: **03/14/2023**

Status Updated Date: **2021/12/01**

Due Date: **2021/12/02**

BIOMETRICS

Previous Result:

RCMP Purge:

Biometrics #: **00055020211201124845**

Biometrics Review:

ENROLMENT:

IRCC #: **1000001741312**

Biometrics #: **00055020211201124845**

Location: **Chandigarh VFS VAC**

Name: **INCDQ-VFS**

Country: **India**

Code: **1-2FVS-290**

Type: **VAC**

Date: **12/01/2021 02:20:35**

By: **ab778e722fc627c2537f**

FINGERPRINT EXCEPTIONS: 1

Finger: **Left Thumb**

Status: **Present**

Override Reason: **Skin conditions**

Other Description:

FINGERPRINT EXCEPTIONS: 2

Finger: **Left Index**

Status: **Present**

Override Reason: **Skin conditions**

Other Description:

FINGERPRINT EXCEPTIONS: 3

Finger: **Right Index**

Status: **Present**

Override Reason: **Skin conditions**

Other Description:

Fingerprint Quality: **Good**

UCI/FOSS ID:

Photo: **Y**

RCMP RESULTS:

New IID: **Y**

IID: **500005771569**

Ref #:

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Request Identifier: **V400047196**

Requested Date: **03/14/2023**

New FPS #: **N**

FPS #:

UCI/FOSS ID:

RCMP #: **12133506892399179103**

NAME(S): **1**

Name(s):

Name: **SUKHWINDER SINGH,**

DOB: **1972/10/17**

Gender: **Male**

Country of Birth: **India**

Source: **CIBIDS**

NAME(S): **2**

Name(s):

Name: **SUKHWINDER SINGH,**

DOB: **1972/10/17**

Gender: **Male**

Country of Birth: **Unknown**

Source: **RCMP**

Narrative:

Search Date: **12/01/2021**

FBI RESULTS:

FBI #:

Name(s): **0**

Narrative:

Search Date:

INTERNATIONAL RESULTS:

Reference #:

Narrative:

PURGE:

Status Updated Date:

ORGANIZED CRIME

ORGANIZED CRIME: **0**

MEDICAL

MEDICAL: **0**

MISREPRESENTATION

MISREPRESENTATION: **0**

MINISTERIAL RELIEF

MINISTERIAL RELIEF: **0**

INFO SHARING

INFO SHARING: **1**

Created Date: **2021/11/17**

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Request Identifier: **V400047196**

Requested Date: **03/14/2023**

Updated Date: **2022/02/13**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biographic**

Partner: **USA**

Status: **Cancelled**

Validity Date:

Status Updated Date: **2022/02/13**

Due Date: **2021/12/17**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: **0**

INFO SHARING: **2**

Created Date: **2021/11/17**

Updated Date: **2021/12/01**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **AUS**

Status: **NRT**

Validity Date: **2022/03/01**

Status Updated Date: **2021/12/01**

Due Date: **2021/11/18**

Correction Ref #:

Correction Date:

Urgent: **N**



PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **V400047196**

Requested Date: **03/14/2023**

MATCHED RECORDS

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: **0**

INFO SHARING: **3**

Created Date: **2021/11/17**

Updated Date: **2022/02/13**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **USA**

Status: **Cancelled**

Validity Date:

Status Updated Date: **2022/02/13**

Due Date: **2021/11/18**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: **0**

INFO SHARING: **4**

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Created Date: **2021/11/17**

Updated Date: **2021/11/17**

UCI #: **1126223872**

Family Name: **SUKHWINDER SINGH**

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biographic**

Partner: **USA**

Status: **Retransmission Required**

Validity Date:

Status Updated Date: **2021/11/17**

Due Date: **2021/12/17**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: **0**

FINALIZE APPLICATION

DOCUMENT ISSUANCE

DOCUMENT ISSUANCE: **0**

REFUSAL GROUNDS LEGACY

REFUSAL GROUNDS LEGACY: **0**

REFUSAL GROUNDS

REFUSAL GROUNDS DETAILS: **1**

Created Date: **2017/05/24**

Updated Date: **2022/06/16**

Refusal Grounds: **R179(b)Inconsistent Purpose**

Print Sequence: **1**

Description: **The purpose of your visit to Canada is not consistent with a temporary stay given the details you have provided in your application.**

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Requested Date: **03/14/2023**

Comments:

Expiry Date:

REFUSAL GROUNDS DETAILS: **2**

Created Date: **2017/05/24**

Updated Date: **2022/06/09**

Refusal Grounds: **R179(b) Assets**

Print Sequence: **2**

Description: **Your assets and financial situation are insufficient to support the stated purpose of travel for yourself (and any accompanying family member(s), if applicable).**

Comments:

Expiry Date:

REFUSAL LETTER DETAILS

REFUSAL LETTER DETAILS: **1**

Created Date: **2017/05/24**

Created By: **RM15261**

Updated Date: **2022/06/09**

Updated By: **SADMIN**

Description: **Thank you for your interest in coming to Canada. I have reviewed your temporary resident visa (visitor visa) application and supporting documentation to assess whether you meet the requirements for a visitor visa (<https://www.canada.ca/en/immigration-refugees-citizenship/services/visit-canada/eligibility.html>). This includes assessing whether you are coming to Canada temporarily for the reason(s) you describe in your application. I have determined that your application does not meet the requirements of the Immigration and Refugee Protection Act (IRPA) (<https://laws-lois.justice.gc.ca/eng/acts/I-2.5/index.html>) and Immigration and Refugee Protection Regulations (IRPR) (<https://laws-lois.justice.gc.ca/eng/regulations/sor-2002-227/index.html>). I am refusing your application.**

Paragraph Type: **Refusal Letter Intro**

Selected: **Y**

APPEALS AND LITIGATION

IAD

IMMIGRATION APPEALS DIVISION: **0**

LITIGATION

LITIGATION: **0**

OTHER REQS

A39/A41

A39/A41: **0**

VERIFICATION

VERIFICATION: **0**

EVENTS

EVENTS: **0**

PROTECTED "B" / PROTÉGÉ "B"

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Request Identifier: **V400047196**

Requested Date: **03/14/2023**

EMPLOYMENT DETAILS

LMIA EXEMPT

LMIA EEXMPT: **0**

NOTES

NOTES

NOTES: **1**

Created Date: **2022/02/13**

Updated Date: **2022/02/13**

Restricted: **N**

Label: **General**

Office: **CPC-Ottawa**

Text: **I have reviewed the application.**

Taking the applicant's purpose of visit into account, the applicant does not appear to be sufficiently well established that the proposed visit would be a reasonable expense.

The applicant's purpose of visit appears vague and poorly documented.

Weighing the factors in this application. I am not satisfied that the applicant will depart Canada at the end of the period authorized for their stay.

For the reasons above, I have refused this application.

NOTES: **2**

Created Date: **2021/12/23**

Updated Date: **2021/12/23**

Restricted: **N**

Label: **General**

Office: **CPC-Ottawa**

Text: **Preassessed**

NOTES: **3**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **Adm/Info Sharing**

Office: **GCMS-System**

Text: **Activity Type - Biographic / Genre d'activité - Biographique**

Partner / Pays - USA

Activity ID / ID de l'activité - 80679c28-d82f-4c94-8b62-153a285f4ca3

Request Type - Biographic Request Response / Genre de demande – Réponse de demande biographique

Errors Returned / Erreurs retournées - EPCQS - PCQS Unavailable

NOTES: **4**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

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Requested Date: **03/14/2023**

Office: **OSC - Operations Support Centre**

Text: OSC was unable to verify the passport details (including the client's name and DOB) prior to promoting, as the client did not provide a passport. Should the application be approved, please confirm the passport details in the system prior to assessing or printing a temporary permit. KF/OSC

NOTES: **5**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

Office: **GCMS-System**

Text: **Current Country of Residence / Pays de résidence actuelle: India**

Status / Statut: Citizen

From / De: 1972/10/17

To / À: 2021/11/17

NOTES: **6**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

Office: **GCMS-System**

Text: Spouse – present occupation/ conjoint / conjointe - occupation actuelle : Sales and service occupations / Emplois dans les ventes et les services

NOTES: **7**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

Office: **GCMS-System**

Text: Parents – present occupation/ Parents - occupation actuelle: SENIOR CITIZEN

NOTES: **8**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

Office: **GCMS-System**

Text: Parents – present occupation/ Parents - occupation actuelle: SENIOR CITIZEN

NOTES: **9**

Created Date: **2021/11/17**

Updated Date: **2021/11/17**

Restricted: **N**

Label: **General**

Office: **GCMS-System**

Text: Available funds - provide details / Fonds disponibles - veuillez fournir des details : ME AND MY WIFE SHARING OUR TOUR EXPENSES