

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **2A-2023-58155**

Request Date: **2024/02/16**

APPLICATION: V341407179

Created Date: **2023/12/29**

Updated Date: **2024/01/30**

Primary Office: **RC inde**

Secondary Office: **New Delhi**

App #: **V341407179**

App Status: **Closed**

App Status Reason: **Refused**

Rec'd Date: **2023/12/29**

Rec'd Via: **On-line**

Category: **VRT**

Subcategory:

NOC Version: **NOC 2021**

Counterfoil Category: **V-1**

Case Type:

Restoration: **N**

Special Program(s):

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: **SINGH, SATWINDER**

DOB: **1992/02/15**

Travel Doc Expiry: **2033/08/30**

of Entries: **MULTIPLE**

CAQ #:

CAQ Valid To:

Province of Destination:

City of Destination:

Available Funds (CAD): **14275**

Stay/Program - From Date: **2024/02/01**

Stay/Program - To Date: **2024/02/15**

Travel Itinerary:

FOSS Doc #:

Associated App:

Pre-Assessment Notes:

BIOMETRICS

IRCC #: **1000015265444**

Assessment: **Complete**

Other Description:

Info: **Received - NRT**

Review:

TRV

Purpose of Visit: **Family Visit**

Other Description:

ADMISSIBILITY REQUEST(S)

User ID/ID utilisateur: **MR28318_BOT**

Date Generated / Date d'exécution: **2024/02/16**

GCMS/SMGC

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PROTECTED "B" / PROTÉGÉ "B"

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Request Date: **2024/02/16**

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**

PROTECTED "B" / PROTÉGÉ "B"

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Request Date: **2024/02/16**

SPECIAL PROGRAM

SPECIAL PROGRAM: **0**

TYPE OF CARE

TYPE OF CARE: **0**

CLIENT DETAILS

CLIENT DETAILS: **1**

Created Date: **2022/04/12**

Updated Date: **2023/12/29**

UCI/Party ID: **1121429443**

Client/Party: **PA**

Relationship:

Other Relationship Descrip:

Name: **SINGH, SATWINDER**

Gender: **Male**

DOB: **1992/02/15**

Effective Date: **2023/12/28**

Expiry Date:

Citizenship(s): **India**

CoR: **India**

Place of Birth (City/Town): **AMBALA CANTT,HARYANA**

Country of Birth: **India**

Marital Status: **Married**

Background Info: **Y**

Travel Doc #: **Y9063470**

Travel Doc Expiry Date: **2033/08/30**

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: **H NO 45 W NO 08 MOHALLA JATTAN WALA NEAR SUVIDHA CENTER,VPO BANUR**

Street Address 2:

PO Box:

City/Town: **SAS NAGAR**

Province/State:

District: **SAS NAGAR**

Postal/Zip Code: **140601**

Telephone #: **+919914001981**

Fax #:

E-mail: **satwindersingh254896@gmail.com**

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **2A-2023-58155**

s.19(1)

Request Date: **2024/02/16**

PARTY DETAILS

PARTY DETAILS: 1

Created Date: **2023/06/14**

Updated Date: **2023/06/14**

UCI/Party ID:

Client/Party: **Inviter**

Relationship: **Other**

Other Relationship Descrip: **SISTER**

Name: **KAUR, LAVPREET**

Gender: **Female**

DOB: **1999/01/25**

Effective Date: **2024/01/26**

Expiry Date:

AUTHORIZED REPRESENTATIVE

Status:

Province/Territory:

Membership #:

Expiry Date:

ADDRESS

Type:

Country:

Apt/Unit #:

Street #:

Street Address:

Street Address 2:

PO Box:

City/Town:

Province/State:

District:

Postal Code:

Telephone #:

Fax #:

E-mail:

PARTY DETAILS: 2

Created Date: **2024/01/26**

Updated Date: **2024/01/26**

UCI/Party ID:

Client/Party: **Designated Individual**

Relationship: **Parent**

Other Relationship Descrip:

Name: **KULDEEP KAUR,**

Gender: **Female**

DOB: **1974/08/15**

Effective Date: **2024/01/26**

Expiry Date:

AUTHORIZED REPRESENTATIVE

Status:

Province/Territory:

Membership #:

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **2A-2023-58155**

Request Date: **2024/02/16**

Expiry Date:

ADDRESS

Type:

Country:

Apt/Unit #:

Street #:

Street Address:

Street Address 2:

PO Box:

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: **2023/12/29**

Updated Date: **2023/12/29**

UCI #: **1121429443**

Family Name: **SINGH**

Given Name: **SATWINDER**

Type: **Criminality**

Status: **Passed - Bio**

Validity Date:

Status Updated Date: **2023/12/29**

ATTACHMENTS

ATTACHMENTS: **0**

CRIMINALITY HISTORY

CRIMINALITY HISTORY: **0**

POLICE CERTIFICATES

POLICE CERTIFICATES: **0**

SUB ACTIVITIES

SUB ACTIVITIES: **1**

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Created Date: **2023/12/29**

Updated Date: **2023/12/29**

UCI #: **1121429443**

Family Name: **SINGH**

Given Name: **SATWINDER**

Type: **Biometrics - RCMP**

Country:

Status: **Received - NRT**

Validity Date:

Status Updated Date: **2023/12/29**

Due Date: **2024/01/12**

BIOMETRICS

Previous Result:

RCMP Purge:

Biometrics #: **00054920220420090240**

Biometrics Review:

ENROLMENT:

IRCC #: **1000007992729**

Biometrics #: **00054920220420090240**

Location: **Chandigarh VFS VAC**

Name: **INCDQ-VFS**

Country: **India**

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

Type: **VAC**

Date: **04/19/2022 23:34:37**

By: **4cf15926831f95baa3f9**

FINGERPRINT EXCEPTIONS: 0

Fingerprint Quality: **Good**

UCI/FOSS ID:

Photo: **Y**

RCMP RESULTS:

New IID: **Y**

IID: **500006482030**

Ref #:

New FPS #: **N**

FPS #:

UCI/FOSS ID:

RCMP #: **12210906892419536101**

NAME(S): **1**

Name(s):

Name: **SATWINDER SINGH,**

DOB: **1992/02/15**

Gender: **Male**

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **2A-2023-58155**

Request Date: **2024/02/16**

Country of Birth: **India**

Source: **CIBIDS**

NAME(S): **2**

Name(s):

Name: **SATWINDER SINGH,**

DOB: **1992/02/15**

Gender: **Male**

Country of Birth: **Unknown**

Source: **RCMP**

Narrative:

Search Date: **04/19/2022**

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: **2023/12/29**

Updated Date: **2023/12/29**

UCI #: **1121429443**

Family Name: **SINGH**

Given Name(s): **SATWINDER**

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **USA**

Status: **NRT**

Validity Date: **2024/03/28**

Status Updated Date: **2023/12/29**

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

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Request Date: **2024/02/16**

Due Date: **2023/12/30**

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: **2023/12/29**

Updated Date: **2024/01/30**

UCI #: **1121429443**

Family Name: **SINGH**

Given Name(s): **SATWINDER**

Client/Party: **PA**

Relationship:

Type: **Biographic**

Partner: **USA**

Status: **Complete - Not Reviewed**

Validity Date: **2024/03/28**

Status Updated Date: **2024/01/30**

Due Date: **2024/01/28**

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:

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Request Date: **2024/02/16**

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) Intro Paragraph**

Print Sequence: **1**

Description: **I am not satisfied that you will leave Canada at the end of your stay as required by paragraph 179(b) of the IRPR (<https://laws-lois.justice.gc.ca/eng/regulations/SOR-2002-227/section-179.html>). I am refusing your application because you have not established that you will leave Canada, based on the following factors:**

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 GROUNDS DETAILS: **3**

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

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

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

Print Sequence: **3**

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

Comments:

Expiry Date:

REFUSAL LETTER DETAILS

REFUSAL LETTER DETAILS: **1**

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

Created By: **DS17905**

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

Updated By: **SADMIN**

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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**

EMPLOYMENT DETAILS

LMIA EXEMPT

LMIA EEXMPT: **0**

NOTES

NOTES

NOTES: **1**

Created Date: **2024/01/30**

Updated Date: **2024/01/30**

Restricted: **N**

Label: **General**

Office: **RC inde**

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

I have considered the following factors in my decision.

The applicant's assets and financial situation are insufficient to support the stated purpose of travel for themselves (and any accompanying family member(s), if applicable).

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The purpose of the applicant's visit to Canada is not consistent with a temporary stay given the details provided in the application.

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: **2024/01/30**

Updated Date: **2024/01/30**

Restricted: **N**

Label: **General**

Office: **RC inde**

Text: **Indicator: N/A**

Processing Priority Word Flag: N/A

NOTES: **3**

Created Date: **2024/01/30**

Updated Date: **2024/01/30**

Restricted: **N**

Label: **General**

Office: **RC inde**

Text: **File processed with the assistance of Chinook 3+ / Dossier traité à l'aide de Chinook 3+**

NOTES: **4**

Created Date: **2024/01/30**

Updated Date: **2024/01/30**

Restricted: **N**

Label: **Adm/Info Sharing**

Office: **SMGC-système**

Text: **Decision rendered by officer prior to reviewing match results. Biographic response received and purged / Décision rendue par l'agent avant l'examen des résultats de correspondance. Les données biographiques envoyées ont été reçues et supprimées.**

NOTES: **5**

Created Date: **2024/01/26**

Updated Date: **2024/01/26**

Restricted: **N**

Label: **General**

Office: **RC inde**

Text: **PRE-ASSESSED**

NOTES: **6**

Created Date: **2023/12/29**

Updated Date: **2023/12/29**

Restricted: **N**

Label: **General**

Office: **CSO - Centre de soutien des opérations**

Text: **Name on Application changed:**

Old Value(s): SATWINDER SINGH, , 1992/02/15, Male, AMBALA CANTT, HARYANA, India,

New Value(s): SINGH, SATWINDER, 1992/02/15, Male, AMBALA CANTT, HARYANA, India,



PROTECTED "B" / PROTÉGÉ "B"

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NOTES: 7

Created Date: **2023/12/29**

Updated Date: **2023/12/29**

Restricted: **N**

Label: **Adm/Biometric**

Office: **Chandigarh VFS VAC**

Text: **04/19/2022 23:34:37 00054920220420090240 - Photograph:**

This is the best possible picture and brightness captured after several attempts.

NOTES: 8

Created Date: **2023/12/29**

Updated Date: **2023/12/29**

Restricted: **N**

Label: **General**

Office: **SMGC-système**

Text: **Name on Application changed:**

Old Value(s): SINGH, SATWINDER, 1992/02/15, Male, AMBALA CANTT, HARYANA, India,

New Value(s): SATWINDER SINGH, , 1992/02/15, Male, AMBALA CANTT, HARYANA, India,

NOTES: 9

Created Date: **2023/12/29**

Updated Date: **2023/12/29**

Restricted: **N**

Label: **General**

Office: **SMGC-système**

Text: **Person(s)/institution(s) I will visit / Personne/Établissement que je visiterai:**

Name / Nom: LAVPREET KAUR

Address in Canada / Adresse au Canada: 4805 LOEN AVE TERRACE, BC V8G 1Z9, CANADA

Relationship / Lien: BIOLOGICAL SISTER

NOTES: 10

Created Date: **2023/12/29**

Updated Date: **2023/12/29**

Restricted: **N**

Label: **General**

Office: **SMGC-système**

Text: **Signed By / Signé Par: , SATWINDER SINGH (12/29/2023)**