



SM Enterprises

Building Your Future with Care

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VISA ENDORSEMENT, EMMIGRATION & OVERSEAS RECRUITMENT

CURRICULUM VITAE

<u>JOB PROFILE:</u>	House Driver
<u>CONTACT DETAILS:</u>	8291029442
<u>EXPECTATION SALARY:</u>	100



PERSONAL DETAILS

<u>FULL NAME</u>	MAHETAB ALAM
<u>FATHER NAME</u>	NOORUDDIN SHAIKH
<u>MOTHER NAME</u>	SAJIYA BEGAM
<u>MARITAL STATUS</u>	UNMARRIED
<u>NATIONALITY</u>	INDIAN
<u>DATE OF BIRTH</u>	18TH September 1999
<u>AGE</u>	21 YEARS
<u>PLACE OF BIRTH</u>	PRATAPGARH, UTTAR PRADESH

LANGUAGES KNOWN

LANGUAGE	HINDI	URDU	ARABIC
READ	YES	NO	NO
WRITE	YES	NO	NO
SPEAK	YES	YES	NO

PASSPORT DETAILS

<u>PASSPORT NO</u>	V0317359
<u>PLACE OF ISSUE</u>	LUCKNOW
<u>DATE OF ISSUE</u>	23/11/2020
<u>DATE OF EXPIRY</u>	22/11/2030
<u>ECR/ECNR</u>	ECNR

ACADEMIC RECORDS

<u>YEAR</u>	<u>QUALIFICATION</u>	<u>BOARD</u>	<u>CLASS</u>
17 TH MAY 2015	^{10TH}	UP BORD	

WORK EXPERIENCE

<u>YEAR</u>	<u>PLACE</u>	<u>JOB</u>
2 YEARS	MUMBAI	TOURIST DRIVING

SIGNATURE

34
eVE
VISA

V0317359

पिता / बापूजी का नाम / Name of Father / Legal Guardian

NOORUDDIN

माता का नाम / Name of Mother

SAJIYA BEGAM

पति या पत्नी का नाम / Name of Spouse

पता / Address

184, VILL AND PO-**KANJA SARAI GULAMI, PRATAPGARH****PIN: 230135, UTTAR PRADESH, INDIA**

पुराने पासपोर्ट का नं. और जगह जहाँ इसे जारी किया गया / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

LK306500527762034
eVE
VISA





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP72 20180011266

Issue Date	Validity (NT)	Validity(TR)#
10-11-2020	05-07-2038	09-11-2025



Holder's Signature

Name: **MAHETAB ALAM**
Date of Birth: **18-09-1999** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **NOORUDDIN**
Address:
0 KANJA SARAI GULAMI
Patti,Pratapgarh,UP 230135

Date of First Issue (06-07-2018)

DL No: **UP72 20180011266**

UPDL000004207942



Invalid Carriage (Regn Numbers)#

Hazardous Validity#

Hill Validity#

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number#	Badge Issued Date#	Badge Issued By#
	MCWG	UP72	06-07-2018	NT			
	LMV	UP72	06-07-2018	NT			
	TRANS	UP72	10-11-2020	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP72 PRATAPGARH

Form 7 Rule 16(2)



Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Partially Vaccinated : 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थीचे नाव	Mahetab Alam
Age / वय	22
Gender / लिंग	Male
ID Verified / ओळखपत्र	Passport # V0317359
Unique Health ID (UHID)	
Beneficiary Reference ID	48108871519240

Vaccination Details

Vaccine Name / लसीचे नाव	COVISHIELD
Date of 1 st Dose / पहिल्या डोसची तारीख	20 Aug 2021 (Batch no. 4121Z115)
Next due date / पुढील देय तारीख	Between 12 Nov 2021 and 10 Dec 2021
Vaccinated by / यांच्याद्वारे लसीकरण	SAPNA M WADKAR
Vaccination at / लसीकरणाचे स्थळ	Criticare Hospital ANDHERI(E), Mumbai, Maharashtra



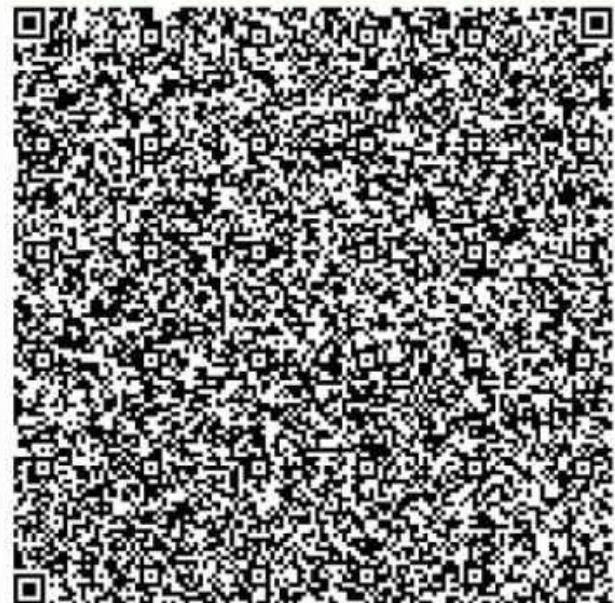
औषध सुद्धा आणि शिस्त सुद्धा
Together, India will defeat
COVID-19”

- पंतप्रधान श्री. नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

कोणतेही प्रतिकूल परिणाम आढळून आल्यास कृपया जवळचे सार्वजनिक आरोग्य केंद्र/ आरोग्यसेवा
कर्मचारी/ जिल्हा लसीकरण अधिकारी/ राज्य हेल्पलाइन क्रमांक १०७५ वर संपर्क साधा.

COWIN
Winning Over COVID



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>