

# **Curriculum Vitae**



Job Profile	Saudi ,UAE experienced House Boy, experience in shuttering in buildings as helper
Contact Details	
Expected Salary	120 KD(plus air tickets) Covishield one dose taken  He has spent 6 years in Saudi and 3 years in UAE knows Arabic language very well, can be helpful in gardening also

### **Personal Details**

Full Name	Milan Mistri
Father's Name	Suresh Mistri
Mother's Name	Gita Mistri
Marital Status	married
Nationality/Religion	Indian/Hindu



Date of Birth	01/01/1979
Age/Sex	42/Male
Place of Birth	Ichhamatipara, West Bengal

# Languages known

Language	Hindi	English	Arabic	Any other
Read/Understand	Yes	Yes	Yes	Bengali
Write	Yes	Yes	No	
Speak	Yes	Yes	No	

# Passport details

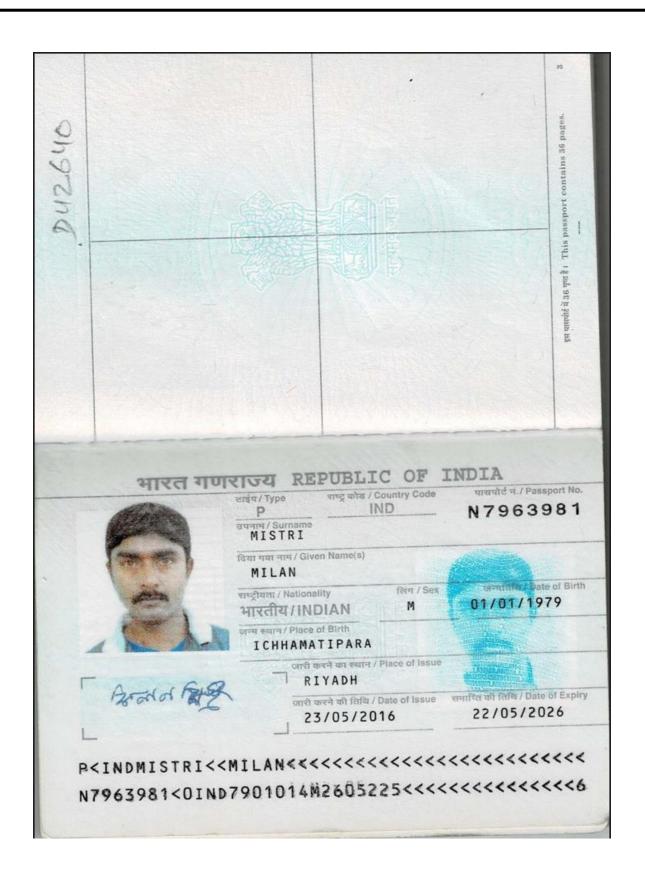
	No.	Place of	Date of	Date of	ECR/ECNR	
		issue	issue	expiry		
Passport details	N7963981	Riyadh, Saudi Arabia	23/05/2016	22/05/2026		

### **Academic Records**

Year	Name o	of examination	Board		Grade
	SSC				
		Work Exper	ience		
Year		Place		Job	
6 years in Saudi+ 3 years	in UAE			Centeri	ng

Signature Milan Mistri







NOTAVREEN V (PEPTS)	
विविध सेवा/ WiscertAneous service	
पिता / कानूनी अभिभादक का नाम / Name of Father / Legal Guardian  SURESH MISTRI  भाता का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse	
SURESH MISTRI  भावा का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse  PURNIMA MISTRI	
SURESH MISTRI माला का नाम / Name of Mother GITA MISTRI पति या पत्नी का नाम / Name of Spouse	
SURESH MISTRI  भावा का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse  PURNIMA MISTRI  पता / Address	
SURESH MISTRI  मता का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse  PURNIMA MISTRI  पता / Address  VILL-ICHHAMATIPARA PO-MAJDIA,	
SURESH MISTRI  काला का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse  PURNIMA MISTRI  पता / Address  VILL—ICHHAMATIPARA PO—MAJDIA,  PS—KRISHNAGANJ DIST—NADIA,  W B—741506.  पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place	e of Issue
SURESH MISTRI  माला का नाम / Name of Mother  GITA MISTRI  पति या पत्नी का नाम / Name of Spouse  PURNIMA MISTRI  पता / Address  VILL-ICHHAMATIPARA PO-MAJDIA,  PS-KRISHNAGANJ DIST-NADIA,  W B-741506.	is of Issue





# Certificate of Training

Shaft Entry Training

(Confined Space Awareness & Gas testing)



This is to certify that

# MILAN MISTRI

Has successfully completed the above course of study

Training Date: 01/JUNE/'20

Certificate Validity: 31/MAY/2022

This session included awareness-training including:

Recognizing a confined space.

Classification of confined spaces

Gas monitoring and testing

Hazards associated with confined spaces & Shaft

Associated PPE and equipment

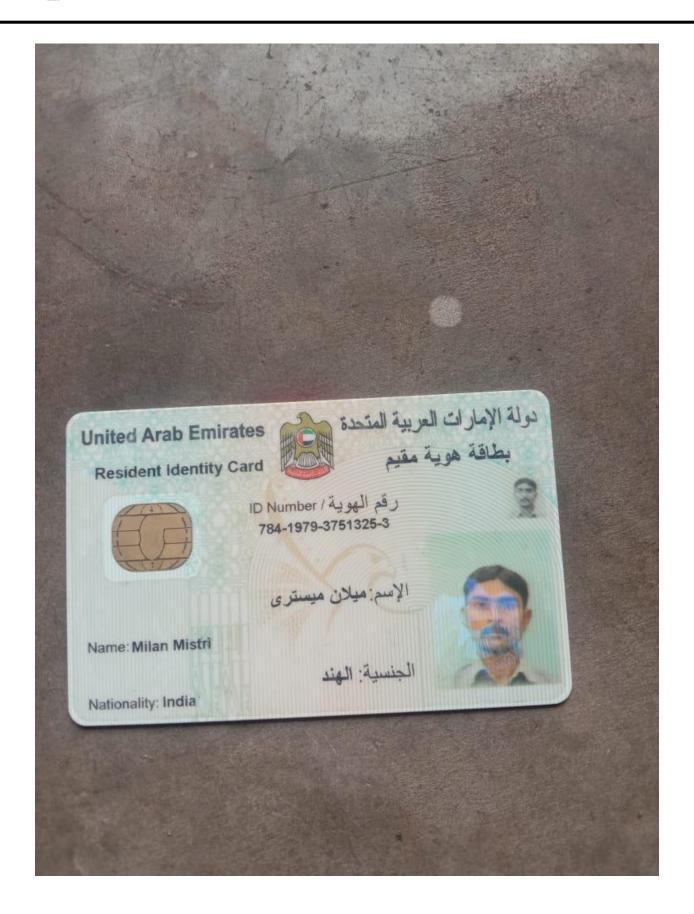
Permit to work and Safe system of work

Demonstration of self-rescuer EEBD,

Emergency procedure in shaft.

MIMOH KOTHAAI









#### Ministry of Health & Family Welfare Government of India

### Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 30428680773

40

#### **Beneficiary Details**

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು Milan Mistri

Age / ವಯಸ್ಸು

Gender / Oorl Male

ID Verified / ಐ.ಡಿ. ෆ්ාරාන් Aadhaar # XXXXXXXX2968

Unique Health ID (UHID)

Beneficiary Reference ID 16265930141652

Vaccination Status / లసికే నీeಡికే స్థికిగికి Partially Vaccinated (1 Dose)

### Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು COVISHIELD

Vaccine Type /ಯಾವ ರೀತಿಯ ಲಸಿಕೆ COVID-19 vaccine, non-replicating viral vector

Manufacturer / ತಯಾರಕರು Serum Institute of India Pvt. Ltd.

Dose Number / ಡೋಸ್ ಸಂಖ್ಯೆ

Date of Dose / ಡೋಸ್ ದಿನಾಂಕ 2021-12-03 Batch Number / ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ 4121Z252

Next Due Date / ಮುಂದಿನ ಲಸಿಕೆ ನೀಡುವ ದಿನಾಂಕ Between 25 Feb 2022 and 25 Mar 2022

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು Ganga Bavani

Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ BYAGADADENHALLI Sub Centre, Bangalore

Urban, Karnataka



"ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು, ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು Together, India will defeat COVID-19"

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಅರೋಗ್ಯ ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ತೂಷೆ ಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075 ಸಂಪರ್ಕಿಸಿ

