CURRICULUM VITAE

JOB PROFILE	HOUSE BOY		
EXPECTED SALARY	100KD + FOOD		

PERSONAL DETAILS

FULL NAME	DARSHAN SINGH	
FATHER NAME	VEDA SINGH	
MOTHER NAME	HARJINDER KAUR	
MARTIAL STATUS	UNMAREED	
NATIONALITY	INDIAN	
STATE	ZIRA	
RELIGION	PUNJABI	
DATE OF BIRTH	23/07/1997	
AGE	25	
PLACE OF BIRTH	WARA CHAIN WALA, PUNJAB	
GENDER	MALE	
WEIGHT	72KG	
HEIGHT	5.6	

LANGUAGES KNOWN

LANGUAGE	HINDI	ENGLISH	ARABIC
READ	YES		
WRITE	YES		
SPEAK	YES		

PASSPORT DETAILS

PASSPORT NO	R1821456
PLACE OF ISSUE	AMRITSAR
DATE OF ISSUE	05/06/2017
DATE OF EXPIRY	04/06/2027
ECR/ECNR	ECR

DRIVING LICENSE DETAILS

LICENSE NO	-
PLACE OF ISSUE	-
DATE OF ISSUE	-
DATE OF EXPIRY	-
CLASS OF VEHICLE	-

ACADEMIC RECORDS					
YEAR	QUALIFICATION	BOARD	CLASS		
2014	09TH PASSED	BOARD	09 TH		

WORK EXPERIENCE

YEAR	PLACE	JOB
05/YEARS	AMRITSAR	HOUSE BOY

SIGNATURE

भारत गणराज्य REPUBLIC OF INDIA

फाईल नं./ File No.

AS1061083541417

टाईप / Type **P**

उपनाम / Surname

राष्ट्र कोड / Country Code IND पासपोर्ट नं./ Passport No. R 1821456

दिया गया नाम / Given Name(s)

DARSHAN SINGH

लिंग / Sex

जन्मतिथि / Date of Birth

राष्ट्रीयता / Nationality भारतीय / INDIAN

M

23/07/1997

जन्म स्थान / Place of Birth

WARA CHAIN SINGH WALA, PUNJAB

जारी करने का स्थान / Place of Issue

EDDIA Afm -

[|] AMRITSAR

जारी करने की तिथि / Date of Issue

समाप्ति की तिथि / Date of Expiry

15/06/2017

14/06/2027

			REQUIRED Name of Father / Leg	al Guardian	R1821	456
/EDA	SING	4				
माता का	नाम / Nam	e of Mother	***************************************			
HARJ	INDER	KAUR				
पति या	पत्नी का नाम	/ Name of Spo	ouse		No. 6 of 1201 1 20	
पता / A		CHATN	SINGH WALA	(DAMCAI		Don't design the second
VILL	WAKA	CHAIN	SINGH WALA	(KANGAI	(II)	
TEHS	IL ZI	RA, FERO	ZEPUR			to a reference and a residence of the contract
PĮŊ:	1,5202	8 PUNJAI	B, INDIA			
8 4			े ो होने की तिथि एवं स्थान	/ Old Passport	No. with Date and	Place of Issue



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 82842737025

Beneficiary Details

Beneficiary Name / ਲਾਬਪਾਤਰੀ ਦਾ ਨਾਮ Darshan Singh

Age / ਉਮਰ **25**

Gender / ਲਿੰਗ **Male**

ID Verified / ਸਨਾਖਤ ਦੀ ਕਿਸਮ Aadhaar # XXXXXXXX2838

Unique Health ID (UHID)

Beneficiary Reference ID 28480144555561

Vaccination Status / ਟੀਕਾਕਰਣ ਦੀ ਸਥਿਤੀ Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / ਟੀਕਾ ਦਾ ਨਾਮ COVISHIELD

Vaccine Type / ਟੀਕੇ ਦੀ ਕਿਸਮ COVID-19 vaccine, non-replicating viral vector

Manufacturer / ਨਿਰਮਾਤਾ Serum Institute of India Pvt. Ltd.

Dose Number / ਡੋਜ਼ ਨੰਬਰ **1/2 2/2**

Date of Dose / ਖਰਾਕ ਦੀ ਮਿਤੀ **04 Sep 2021 25 Jan 2022**

Batch Number / ਬੈਚ ਨੰਬਰ **4121Z204 4121AA086M**

Vaccinated By / ਟੀਕਾਕਰਮੀ Manisha

Vaccination At / ਟੀਕਾਕਰਨ ਦੀ ਜਗ੍ਹਾ **HWC Longo Deva, Ferozpur, Punjab**



"ਦਵਾਈ ਵੀ ਅਤੇ ਕੜਾਈ ਵੀ। Together, India will defeat COVID-19"

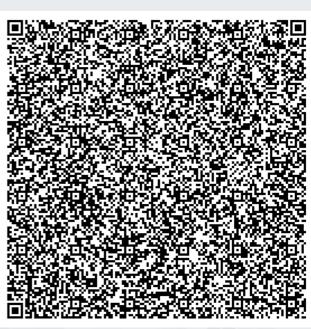
- ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਨਰੇਂਦਰ ਮੋਦੀ

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

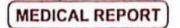
ਕਿਸੇ ਵੀ ਆਪਾਤਕਾਲੀਨ ਸਥਿਤੀ ਵਿਚ ਕਿਰਪਾ ਕਰਕੇ ਨੇੜੇ ਦੇ ਪਬਲਿਕ ਹੈਲਥ ਸੈਂਟਰ / ਹੈਲਥ ਕੇਅਰ ਵਰਕਰ (ਸਿਹਤ ਸੁਰੱਖਿਆ ਕਰਮੀ) / ਜ਼ਿਲ੍ਹਾ ਟੀਕਾਕਰਨ ਅਧਿਕਾਰੀ / ਸਟੇਟ ਹੈਲਪ ਲਾਈਨ ਨੰਬਰ 1075















Day Life Diagnostic Put. Ltd. 1/1, First Floor, Bharat Nagar, New Friends Colony Near Mata Mandir, New Delhi-110025

Tel./Fax: +91-11-43004785 Email: daylifediagnostic@gmail.com Website: www.daylifediagnostic.com

This Medical report is for the purpose of the fitness only, and it is based upon the following medical test(s) conducted as mentioned under here.

Can	didate Name:- D/	ARSHAN SINGH		C.NO.	2735
	Nationa Date Of	Issue: 15/06/2017 If Issue.: AMRITSAR lity: INDIAN	Sex.; MALE Status: UNMARRI	Ref. No Exam D	
	MEDICAL EX		LABO	DRATORY INVE	STIGATIONS
Type of	medical exam	Resul	ts Type of lab. inv	es. exam	Results
EYE	R.Eye: L.Eye: Other R Eye: Other L Eye:	6/6 6/6 NAD NAD	URINE:	Sugar: Albumin: Bilharziasis: Other:	ABSENT ABSENT NOT SEEN
EAR	R.Ear: L.Ear:	NAD NAD	STOOL	Helminthes: Bilharziasis Sto Salmnella:	ool
SYSTEM	IIC EXAMINATIO	N		V_Cholera: Other Stool:	
	BloodPressure: Heart: Lungs:	136/86 mmHg NAD NAD	BLOOD	Hemoglobin: Malaria_ Film: Microfileria:	15.5gm% NOT SEEN NOTSEEN
OTHER	Abdomen:	NAD	SEROLOGY:	HIV	NON REACTIVE
OTHER	Hernia: VaricoseVenis: Extremities: Skin:	NIL NIL NAD NAD		HBSAG: AntiHcv: LFT: Urea: Creatinine:	NON REACTIVE NON REACTIVE NORMAL 27mg 0.6mg
VENERA	L DISEASES			BloodSugar:	(R)110 mg% B-
	VDRL:	NON REACTIVE	PREGNANCY T	EST:	D-
	TPHA:	NON REACTIVE	CHEST X-RAY	P.T: NAD	LMP Date:

NO ABNORMALITY DETECTED, THIS REPORT IS VALID FOR ONE MONTH FROM THE DATE OF ISSUE

Note:- Mentioned above is the medical report for DARSHAN SINGH Has been found FIT accordingly.

नोट: मैं "डेलाइफ डायग्नेस्टिक सेंटर" में मेडिकल अपनी इच्छा से करवा रहा हूँ। मेडिकल सेंटर का मेरी नौकरी से कोई लेना देना नहीं है। मैं अगर किसी भी एजेंट को कोई रुपया या पैसा देता हूँ तो उसकी मेरी अपनी ज़िम्मेदारी होगी, मैं मेडिकल सेंटर या इसके किसी भी कर्मचारी को इसका ज़िम्मेदार नहीं

oहराउँगा।
Note:- It should be clearly understood that "Day Life Diagnostic Pvt. Ltd." is conducting medical examinations only and in no way linked to any agency or responsible for placement of any job within INDIA or abroad or directing the candidates to any client or their repatriation for any responsible for placement of any job within INDIA or abroad or directing the candidates to any client or their repatriation for any responsible

Reg. No. · Reports not valid for Medico-Legal purpose. Finding/Test results are opinion and not the Diagnosis, it should be clinically corelated If test results are unexpected, please contact immediately in person.