

# CURRICULUM VITAE

**AJIM KHAN**

**POST APPLIED FOR "FAMILY /DRIVER"**

*Being given to understand that there are some vacancies for the above-mentioned post lying under your kind control. I hereby submit myself as a candidate, My Bio-data and other particulars are given below for the kind consideration.*

## **PERSONAL INFORMATION**

✓ Name : AJIM KHAN  
✓ Father's Name : HASEEN KHAN  
✓ Date of Birth/Place : 11/08/1995  
✓ Nationality/Religion : Indian  
✓ Marital Status : Unmarried  
✓ Language Known : Hindi,English,Urdu

**EDUCATION QUALIFICATION** : 9<sup>Th</sup> Passed

## **PASSPORT DETAILS**

Passport No. : R6509592  
Date of Issue : 17/01/2018  
Date of expiry : 16/01/2028  
Place of issue : BAREILLY

## **WORKING SKILL**

- Ability to understand requirement, willing to explore and quick to understand.

Company Name	Position	Period
SKY PVT CO.	FAMILY /DRIVER	06 YEARS

## **DECLARATION**

I hope the above will meet your requirement and your will give due consideration my request. As sure you will my best service.

Date: .....

Place: .....

**(AJIM KHAN )**



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निर्वाचन / OBSERVATION

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विभिन्न सेवा / MISCELLANEOUS SERVICE

**EMIGRATION CHECK REQUIRED**



पिता / कानूनी अभिरक्षक का नाम / Name of Father / Legal Guardian

**HASEEN KHAN**

माता का नाम / Name of Mother

**SHADRA BEGAM**

पति का नाम / Name of Spouse

पता / Address

**H.NO.01 VILLAGE CHAKARPUR URF LAMKAN**

**PS SHAHI, BAREILLY**

**PIN:243505, UTTAR PRADESH, INDIA**

पुराने पासपोर्ट का नं. और उसके जारी होने की तिथि एवं जगह / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

**BL1061860311218**



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP25 20200007507



Issue Date  
28-02-2020

Validity (NT)  
10-08-2035

Validity (TR)\*  
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Holder's Signature

Name:

AJIM KHAN

Date of Birth:

11-08-1995

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

HASEEN KHAN

Address:

CHAKARPUR URF IANKAN Shahi Gramin  
Meerganj, Bareilly, UP 243505

Date of First Issue (28-02-2020)

DL No: UP25 20200007507

UPDL000002882889



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	UP25	28-02-2020	NT			
	LAV	UP25	28-02-2020	NT			

Form 7 (Rule 16(2))

Emergency Contact Number

L. Singh  
UP25 BAREILLY



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 66509794949

### Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Ajim Khan
Age / उम्र	26
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Passport # R6509592
Unique Health ID (UHID)	
Beneficiary Reference ID	23654534198610
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / खुराक की संख्या	1/2 2/2
Date of Dose / खुराक की तारीख	2021-06-23 2021-12-07
Batch Number / बैच संख्या	4121Z099 4121AA049M
Vaccinated By / टीका लगाने वाले का नाम	Aparna Sharma
Vaccination At / टीकाकरण का स्थान	FATEHGANJ MEERAPUR, Bareilly, Uttar Pradesh

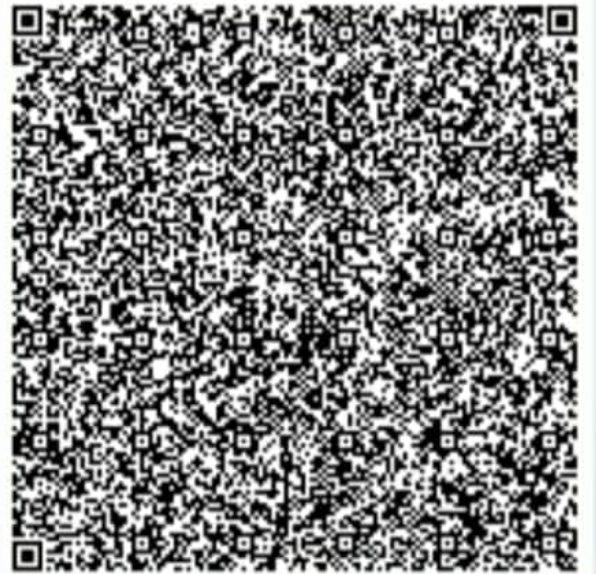


“दवाई भी और कड़ाई भी।  
Together, India will defeat  
COVID-19”  
- प्रधानमंत्री नरेंद्र मोदी

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

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण  
अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

**COWIN**  
Winning Over COVID



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

