



NISA TRAVEL AGENCY

(Fast & Trusted Services)

Approved by Ministry of Overseas Indian Affairs Govt. of India.
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Masjid Moth, New Delhi - 110049
Tel: 011-26250464, 32420464, Helpline No: 08010929262



www.nisatravels.com

APPLICATION FORM

Reg. No.		Post Applied For	HOUSE DRIVER				
Full Name	GAURAV CHUG						
Father's Name	INDER PRAKASH		Mother's Name	PHOOL CHUGH			
Date of Birth	05-10-1976	Age	47	Place of Birth	KARNAL , HARAYANA		
Religion	NON MUSLIM	Sex	MALE	Marital Status	MARRIED		
Permanent Address	H.NO -204 ,MOTI NAGAR NEAR SHIV MANDIR KARNAL PIN : 132001 HARYANA INDIA						
Passport No.	Date of Issue		Date of Expiry	Place of Issue			
V41 19655	23-10-2021		22-10-2031	CHANDIGARH			
QUALIFICATION	Academic	Institute		Course	Duration	Pass Out of	
				H.B.S.E.		10TH PASSED	
	Prof./Tech			IGNOU		12TH PASSED	
EXPERIENCE	Indian	Firm/Organization		Area of Specialization	Duration	Total Exp.	
		VOGUE FABRIC		PACKAGING FIELD		3 YEARS	
		PANIPAT		FACTORY OWNER		4 YEARS	
		KARNAL		HOTEL OWNER		3 YEARS	
	KARNAL		DRIVING AMBULANCE		12 YEARS		
	AL SAFI (KSA)		DRIVING		2 YEARS		
LANGUAGE	Language	Speak		Read		Write	
	English	Well <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Well <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
	Arabic	Well <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Well <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
	Hindi	Well <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Well <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
TAMIL	Well <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Well <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	
FOR OFFICE USE ONLY							
Date of Interviewed	Interviewed by	Salary Offered	Selected	Rejected	Remarks		
					MEHAR ALAM		
DECLARATION							
I do hereby declare that the facts and support document copies submitted are true and I undertake the sole responsibility of found otherwise. Further, I affirm that I agreed to the terms of the agency in regard with my employment as agreed upon.							
Date: 20-06-2023		Place: MUMBAI		Signature:			
Ph:	Mob: 9896188762 / 9467282597			E. Mail:			

GAURAV CHUGH

H.No.204, Moti Nagar,

Karnal-132001

Haryana

Email:- reetchugh294@gmail.com

M:- +91-9896188762, 9467282597

OBJECTIVE :-

To work in a professional environment where my talent will add value to operations and utilize my skills & abilities and deliver my best efforts to contribute in the growth of organization.

EDUCATIONAL QUALIFICATION:-

- 10th From H.B.S.E.
- 12th from IGNOU.

EXPERIENCE:-

- Three years experience in Packaging field in vogue fabrics at Panipat (Haryana).
- Factory owner for 4 years in Panipat.
- Three years experience as Hotel owner in Karnal.
- Twelve years experience as Driver in own Ambulance at Karnal.
- Two years worked experience in Al SAFI Car rent office at Saudi Arab.

HOBBIES/ SPARES TIME ACTIVITIES :-

- Watching News Channels
- Listening Music.
- Reading knowledge based Books.

PERSONALITY TRAITS:-

- Hard Work.
- Positive Attitude.
- Patient Approach.

PERSONAL DETAILS:-

Father's Name : Sh. Inder Parkash
Date of Birth : 05th Oct.1976
Gender : Male
Nationality : Indian
Marital Status : Married
Language Known : English, Hindi, Punjabi

DECLARATION :-

I hereby declare that the above- mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned particulars.

Date:-

Place:- Karnal

(GAURAV CHUGH)

DRIVING LICENSE

FORM 7
Rule 16(2)

(Duplicate - 20/03/2013 vide No. HR-05-ELD/607 (2013))

OLA :: HR-05 License No.: HR-0520030187961 Dated 18/03/2013

Name : GAURAV CHUG
S/o :INDER PARKASH
Date of Birth : 05/10/1978 **Blood Group :** B+
Address : H NO. 181 MOTI NAGAR KARNAL 132001

Non-Tr Valid Upto: 17/06/2023
 Tr. Valid upto :

is licensed to drive throughout India vehicle of the following descriptions :
M.C with Gear, LMV-NT-Car Only

Signature of Holder

Endorsements ● ● ● ● ●

(Signature)
 Licensing Authority
 SUB DIVISIONAL OFFICER (D.L.) KARNAL

DL No 16274/2003

Type Duplicate

Original Issue Date 18/03/2003

Name and Designation
 The Applicant
 conducted the Driving Test

In EMERGENCY Contact:

H NO. 181 MOTI NAGAR KARNAL 132001

telephone No/s with STD Code





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 56061180631

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Gaurav Chugh
Age / उम्र	45
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX8172
Unique Health ID (UHID)	25-1452-3578-4711
Beneficiary Reference ID	64904114301230
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
Dose Number / खुराक की संख्या	1/2 2/2
Date of Dose / खुराक की तारीख	2021-05-13 2021-08-30
Batch Number / बैच संख्या	4121Z065 4121P173
Vaccinated By / टीका लगाने वाले का नाम	Sharmila
Vaccination At / टीकाकरण का स्थान	Civil Hospital Karnal, Karnal, Haryana



“दवाई भी और कड़ाई भी।

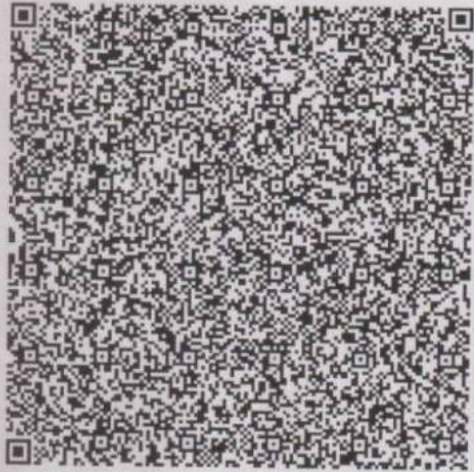
Together, India will defeat
COVID-19”

- 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 परश्चात किसी प्रतिकूल घटना के होने पर नज़दीकी 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>