



NISA TRAVEL AGENCY

An Overseas Recruitment Consultancy and Workforce Solution Provider
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E-Mail: hello@nisatravels.com **For Applications:** jobs@nisatravels.com, www.nisatravels.com

JOB APPLICATION FORM

A	Application No.		Post Applied for	HOUSE DRIVER		
	Full Name	MOHAMMAD ASHRAF				
	Father's Name	MOHAMMAD SHABBIR		Mother's Name	ASGARI KHATOON	
	Religion	ISLAM	Sex	M	Marital Status	UNMARRIED
	Date of Birth	17/06/1999	Age		Place of Birth	RAJO DARBHANGA,BIHAR
	Passport No	S8494627		Date of Issue	29/04/2019	
	Place of Issue	PATNA		Date of Expiry	28/04/2029	

EDUCATION QUALIFICATION

	Name of Institute / University	Course	Duration	Passing Year
B	1	SSLC		
	2			
	3			
	4			

WORK EXPERIENCE

	Name Of Company / Hospital / Firm	Department / Designation	Experience
C	1	ANMOL BAKERS PVT.LTD	LITE DRIVER 2018-2023
	2		
	3		
	4		

LANGUAGES KNOWN

	Language	Read	Write	Speak
D	1	English	GOOD	GOOD
	2	Hindi	GOOD	GOOD
	3	Arabic	POOR	POOR
	4	Malayalam	POOR	POOR

CONTACT INFORMATION

E	Permanent Address	VILL-RAJO PO-SANHPUR PS-SINGHWARA DARBHANGA,BIHAR,INDIA			
		State	BIHAR	PIN code	847307
	E-mail ID				
	Mobile 1	9911231039	Mobile 2		

I DECLARE THAT ALL THE ABOVE INFORMATION ARE TRUE AND ACCURATE AND NO INFORMATION IS FALSE.
I FURTHER ACCEPTS THE TERMS AND CONDITIONS OF NISA TRAVEL AGENCY.

Date		Place		Sign	
				Liaised By	

CURRICULUM-VITAE

MOHAMMAD ASHRAF

ADDRESS:

VILL-RAJO PO-SANAHPUR PS-SINGHWARA
DARBHANGA, PIN:847307, BIHAR, INDIA.

POST APPLIED FOR: LITE DRIVER

OBJECTIVE

Seeking a quality professional environment where all my knowledge and Experience can be shared and willing to learn more and more to get perfection.

QUALIFICATION DETAILS

- 10TH PASSED

EXPERIENCE DETAILS

- WORKED EXPERIENCE IN "ANMOL BAKERS PVT.LTD." (INDIA) AS A "LITE DRIVER" From 07/08/2018 to 28/04/2023.

PASSPORT DETAIL

PASSPORT NO : S-8494627
DATE OF ISSUE : 29/04/2019
DATE OF EXPIRY : 28/04/2029
PALACE OF ISSUE : PATNA

PERSONAL DETAILS

Father's Name : MOHAMMAD SHABBIR
Date of Birth : 17/06/1999
Sex : MALE
Religion : ISLAM
Language Known : HINDI, ENGLISH
Nationality : INDIAN
Marital Status : UNMARRIED

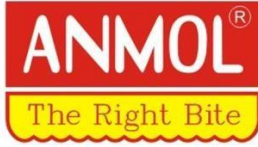
DECLARATION

I hereby, declare that all the information furnished above is true and correct to the best of my knowledge. Hope you will consider my C.V and Give me the favorable response earlier.

Date: _____

Place: _____

Signature
(MOHAMMAD ASHRAF)



Anmol Bakers Pvt. Ltd

F-4&5, 5th Floor, Wave Silver Tower, Sector 18, Noida
Uttar Pradesh 201301
Phone: 098111 24444

To Whom It May Concern

Date:-28/04/2023

This is to certify that Mr. **Mohammad Ashraf S/o Mohammad Shabbir** has worked with our organization from **07/08/2018 to 28/04/2023** as a **"Lite Driver"** We in the management are very satisfied with his capabilities and conduct. He has been working to our most satisfaction. We wish him all the success in his life.

For.: Anmol Bakers Pvt. Ltd

Basant Kohli
Managing Director

26 Hsiidc Rai industrial Area sonapat Haryana



**GOVERNMENT OF WEST BENGAL
INDIAN UNION DRIVING LICENCE**

Driving Licence No: **WB-09 20190006271**

Name: MD ASHRAF

Address:
5/2/H/23 BHUKAILASH ROAD
(M.Corp.) KOLKATA 700023



Licence holder sign

Md Ashraf



FORM 7
Renewal

S/D/W Of: MD SHABBIR

Date Of Issue	20/02/2019
Vallid Till (NT)	19/02/2039
Vallid Till (T)	X

Blood Group: U

Date Of Birth

17/06/1999

Licencing Authority: P.V.D. Kolkata(BEHALA) Licencing Authority Sign:



Ministry of Health & Family Welfare
Government of India

Provisional Certificate for COVID-19 Vaccination - 1st Dose

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Mohammad Ashraf
Age / उम्र	22
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Passport # S8494627
Unique Health ID (UHID)	
Beneficiary Reference ID	5945372922260

Vaccination Details

Vaccine Name / वैक्सिन का नाम	COVISHIELD
Date of Dose / खुराक की तारीख	26 Jun 2021 (Batch no. 4121MC012)
Next due date / अगली नियत तिथि	Between 18 Sep 2021 and 16 Oct 2021
Vaccinated by / टीका लगाने वाले का नाम	JULITA TOPPO
Vaccination at / टीकाकरण का स्थान	SINGHWARA PHC A, Darbhanga, Bihar



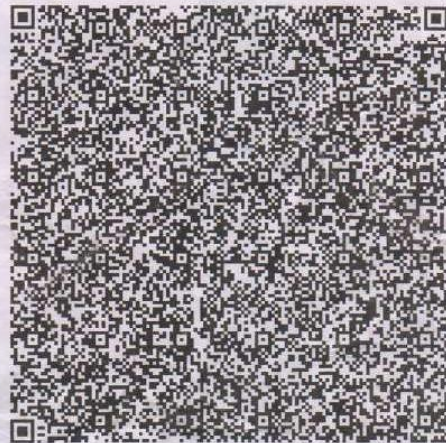
“दवाई भी और कड़ाई भी।
Together, India will defeat
COVID-19”

- 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



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