



# NISA TRAVEL AGENCY

Approved by the Ministry of External Affairs, Govt. of India  
License No. B0646/DEL/PER/1000+/4-3/17922/2007



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Mobile: +91- 9582119303,9958218855 E-Mail: jobs@nisatravels.com, www.nisatravels.com

## JOB APPLICATION FORM

<b>Regd. No.</b>		<b>Post Applied For: HOUSE DRIVER</b>						
Full Name		MOHAMMED MAQDOOM						
Father's Name		MOHAMMED KHALEEL			Mother's Name		SHABANA BEGUM	
A	Religion	MUSLIM	Sex	MALE	Marital Status		SINGLE	
	Date of Birth	01/01/1999	Age	24	Place of Birth		KALABURAGI, KARNATAKA	
	Passport No	W6615167			Date of Issue		25/10/2022	
	Place of Issue	BENGALURU			Date of Expiry		24/10/2032	
	<b>EDUCATION QUALIFICATION</b>							
	B	Name of Institute / University			Course		Duration	Passing Year
1		KSEEB			9 <sup>TH</sup> PASSED			
2								
3								
4								
<b>WORK EXPERIENCE</b>								
C	Name of Company / Hospital / Firm			Department / Designation		Experience		
	1	HUNGRY VEELS			20/08/2019 TO 15/12/2022		03 YEARS	
	2							
	3							
	4							
<b>LANGUAGES KNOWN</b>								
D	Language		Read		Write		Speak	
	1	English						
	2	Hindi						
	3	Arabic						
	4	Malayalam						
<b>CONTACT INFORMATION</b>								
E	Permanent Address		E/5/3776/62 RING ROAD UMAR COLONY KALABURAGI CITY					
			State		KARNATAKA	PIN code		585104
	E-mail ID							
	Mobile 1		7337804499		Mobile 2			
<p>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.</p>								
Date	21/06/2023		Place		Sign			

# RESUME

## Mohammed Maqdoom

E/5/3776/62 Ring Road

Umar Colony

Kalaburagi

+91 7337804499

shaikmakhdoom47@gmail.com

**OBJECTIVE:** Seeking a challenging position in a Dynamic organization where my talents & abilities are of value, where I get an opportunity to serve the organization and to improve myself.

### PERSONAL DETAILS



Father Name : Mohammed Khaleel  
Date of Birth : 01-01-1999  
Marital Status : Unmarried  
Gender : Male  
Nationality : Indian  
Language Known : English, Kannada & Hindi  
Computer Knowledge : Basic  
Passport No. : **W6615167**  
Date of Issue : 25-10-2022  
Date of Expiry : 24-10-2032  
Place of Issue : Bangalore

### EDUCATIONAL QUALIFICATION

Qualification	Name of the Institute/University	Year of Pass
9 <sup>th</sup>	KSEEB	2015

### EXPERIENCE:

- Worked as a Delivery Boy at Hungry Veels Kalaburagi for 3 years

### DECLARATION:

I hereby declare that above statements are true to the best of knowledge and belief

**Place:**

**Date:**

**Mohammed Maqdoom**



# HUNGRY VEELS

Sedam Road, Gulbarga - 585105 (Opposite Basaveshwara Hospital, NGO Colony)

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Date :05-01-2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Mohammad Maqdoom** worked in our organization as a **Delivery Boy** from **20-08-2019** to **15-12-2022**

During his service we found him well versed with serving etiquettes and extremely patient while dealing with the customers.

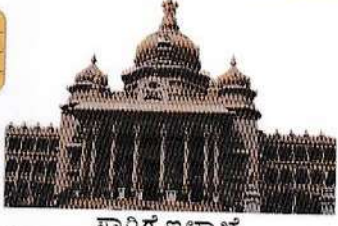
We wish him/her every success in all his/her future endeavors.

**FOR HUNGRY VEELS**



ಕರ್ನಾಟಕ ರಾಜ್ಯ KARNATAKA STATE  
INDIAN UNION MOTOR DRIVING LICENCE

DCA4619807



ಪಾರಿಗ ಇಲಾಖೆ  
TRANSPORT DEPARTMENT

DL No. : KA32 20210004895 DOI : 02/03/2021 FORM - 7  
NAME : MOHAMMED MAQDOOM [See Rule 16(2)]  
D.O.B : 01/01/1999 B.G. :  
VALID TILL : 31/12/2038(NT)



VALID THROUGHOUT INDIA  
COV: LMV 02/03/2021  
: MCWG 02/03/2021

DOI: 02/Mar/2021

S/o : MOHAMMED KHALEEL  
ADDRESS : E/5/3776/62 RING RING ROAD UMAR COLONY  
GULBARGA,KA 585104

Sign. Of Holder

Sign. Licencing Authority  
GULBARGA(KA32)





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 45534798560

### Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	Mohammed Maqdoom
Age / ವಯಸ್ಸು	24
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Passport # W6615167
Unique Health ID (UHID)	
Beneficiary Reference ID	16267631075590
Vaccination Status / ಲಸಿಕೆ ನೀಡಿಕೆ ಸ್ಥಿತಿ	Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccinated By / ಲಸಿಕೆ ನೀಡಿದವರು	Nagashetty
Vaccination At / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	N R NAGAR WORK PLACE, Gulbarga, Karnataka

Dose Number ಡೋಸ್ ಸಂಖ್ಯೆ	Date of Dose ಡೋಸ್ ದಿನಾಂಕ	Vaccine Name ಲಸಿಕೆ ಹೆಸರು	Batch Number ಬ್ಯಾಚ್ ಸಂಖ್ಯೆ	Vaccine Type ಯಾವ ರೀತಿಯ ಲಸಿಕೆ	Manufacturer ತಯಾರಕರು
1/2	15 Nov 2022	COVISHIELD	4121AA006M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	31 Jan 2023	COVISHIELD	4122Z036	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,  
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

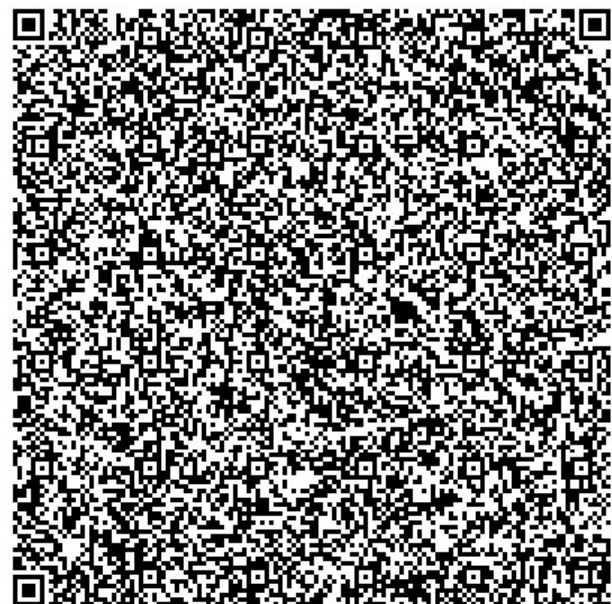
Together, India will defeat  
COVID-19”

- 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 ಆರೋಗ್ಯ  
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕೋಪಕರಣ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075  
ಸಂಪರ್ಕಿಸಿ

**COWIN**  
Winning Over COVID



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