



NISA TRAVEL AGENCY

An Overseas Recruitment Consultancy and Workforce Solution Provider
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Head Office: 317, 3rd Floor, South Ext Plaza 2, Leelaram Market, South Ext Part 2, New Delhi-110049, India.
Telephone: +91-11-26250464 / 41050464, **Mobile:** +91-9582119303 / 9958218855,
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	MOHAMMED SHAHNAWAZUDDIN					
	Father's Name	MOHAMMED NAYEEMUDDIN		Mother's Name	BEGUMUNNISA		
	Religion	MUSLIM	Sex	M	Marital Status	SINGLE	
	Date of Birth	01-06-1995	Age	28	Place of Birth	HUMNABAD, KARNATAKA	
	Passport No	P9795943		Date of Issue	22-04-2017		
	Place of Issue	BENGALURU		Date of Expiry	21-04-2027		
EDUCATION QUALIFICATION							
B	Name of Institute / University			Course	Duration	Passing Year	
	1				SSLC		
	2						
	3						
	4						
WORK EXPERIENCE							
C	Name of Company / Hospital / Firm			Department / Designation		Experience	
	1	DRIVER					6 YRS
	2						
	3						
	4						
LANGUAGES KNOWN							
D	Language		Read	Write	Speak		
	1	English	GOOD	GOOD	GOOD		
	2	Hindi	EXCELLENT	EXCELLENT	EXCELLENT		
	3	Arabic	POOR	POOR	POOR		
	4	Malayalam	POOR	POOR	POOR		
CONTACT INFORMATION							
E	Permanent Address		H NO. 2-130 STREET KUFAR TOD GULLI HUMNABAD BIDAR, KARNATAKA				
			State	KARNATAKA	PIN code	585330	
	E-mail ID		Shanawaazkhan72@gmail.com				
	Mobile 1		6300929756	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			

RESUME

Personal Details:

Name : MOHAMMED SHAHNAWAZUDDIN
Father Name : MOHAMMED NAYEEMUDDIN
Date of birth : 01/06/1995
Gender : Male
Religion / Cast : MUSLIM
Nationality : Indian
Marital status : Single
Qualification : SSLC,
Experience : 6 Years Driving Experience
Language proficiency : ENGLISH,URDU,HINDI
Contact : +91 6300929756
Email Id, : shanawaazkhan72@gmail.com.

Declaration:-

I hereby declare that the above furnished information are true to the best of my knowledge and belief.

Place:- KUFAR TOD MOHALLA
HUMNABAD Dist Bidar

Sincerely,
(Mohammed Shahnawazuddin)

ಕರ್ನಾಟಕ ರಾಜ್ಯ KARNATAKA STATE
INDIAN UNION MOTOR DRIVING LICENCE

DWA7371800



ಸಾರಿಗೆ ಇಲಾಖೆ
TRANSPORT DEPARTMENT

DL No. : KA39 20160004960 - DOI : 07/12/2016
NAME : MD SHAHNAWAZUDDIN
D.O.B : 01/06/1995 B.G. :
VALID TILL : 06/12/2036(NT)

FORM - 7
[See Rule 16(2)]



VALID THROUGHOUT INDIA

COV: MCWG 07/12/2016
: LMV 07/12/2016

CDOI : 22/12/2016

S/o : MOHD NAYEEMUDDIN
ADDRESS : # 2-130 KUFAR TOD GALLI HUMNABAD
TQ.HUMNABAD DIST.BIDAR 585330

Sign. Of Holder

Sign. Licencing Authority
BHALKI (KA39)



certificate.pdf



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: 63861298563

Beneficiary Details

Beneficiary Name / అభ్యుదారుని పేరు	Md Shahnawaz Uddin
Age / వయస్సు	26
Gender / లింగం	Male
ID Verified / ఐడి ధృవీకరించబడింది	Aadhaar # XXXXXXXX7966
Unique Health ID (UHID)	
Beneficiary Reference ID	32581710797617
Vaccination Status / టీకా స్థితి	Partially Vaccinated (1 Dose)

Vaccination Details

Vaccinated By / టీకాలు వేయించినవారు	M Swaroopa
Vaccination At / టీకాలు వేసిన టోటు	Karwan1 UPHC, Hyderabad, Telangana
Next Dose Due / తదుపరి గడువు తేదీ	Between 19 Jan 2022 and 16 Feb 2022

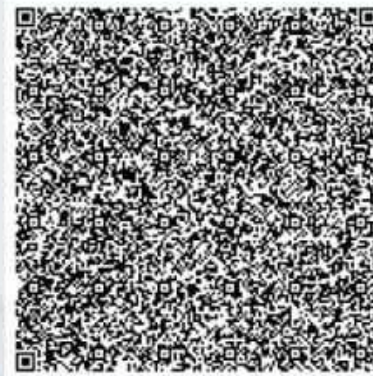
Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
మోతాదు సంఖ్య	మోతాదు తేదీ	టీకా పేరు	బ్యాచ్ నంబరు	టీకా రకం	తయారీదారు
1/2	27 Oct 2021	COVISHIELD	4121MC1E	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



“టీకా తో పాటు పత్యం కూడా చెయ్యాలి
Together, India will defeat COVID-19”
- ప్రధానమంత్రి నరేంద్ర మోదీ

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

ఏదైనా ప్రతికూల సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజా ఆరోగ్య కేంద్రం / హెల్ప్ లైన్ నంబర్ / జిల్లా-ఇమ్మునైజేషన్ అధికారిని సంప్రదించండి / రాష్ట్ర హెల్ప్ లైన్ నం. 1075



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



