



NISA TRAVEL AGENCY

Approved by the Ministry of External Affairs, Govt. of India
License No. B0646/DEL/PER/1000+/4 ¾ /7922/2007



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

JOB APPLICATION FORM

A	Regd. No.	MEHAR ALAM				Post Applied For:	COOK	
	Full Name	SHAVEJ						
	Father's Name	KHALID AHMAD			Mother's Name	SAYEDA		
	Religion	MUSLIM	Sex	MALE	Marital Status	UNMARRIED		
	Date of Birth	01/01/1997	Age	25	Place of Birth	GANGU NANGLA UP		
	Passport No	S2971595			Date of Issue	25/07/2018		
	Place of Issue	BAREILLY			Date of Expiry	24/07/2028		
	EDUCATION QUALIFICATION							
B	Name of Institute / University			Course	Duration	Passing Year		
	1				8 TH PASSED			
	2							
	3							
	4							
WORK EXPERIENCE								
C	Name of Company / Hospital / Firm			Department / Designation		Experience		
	1	DELHI NAHARI HOTEL			COOK		5 YEARS	
	2							
	3							
	4							
LANGUAGES KNOWN								
D	Language		Read		Write		Speak	
	1	English						
	2	Hindi	YES		YES		YES	
	3	Arabic						
	4	Malayalam						
CONTACT INFORMATION								
E	Permanent Address		VILLAGE AND POST-GANGU NANGLA THE-CHANDPUR , BIJNOR PIN : 246729 UP INDIA					
			State	MAHARASHTRA		PIN code	246729	
	E-mail ID							
	Mobile 1		8188827481		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	22-06-2023		Place	BIJNOR		Sign		

CURRICULUM-VITAE

MD SHAVEJ

ADDRESS:

VILLAGE AND PSOT GANGU NANGLA
TEH CHANDPUR, BIJNOR
PIN;246729, UTTAR PRADESH, INDIA.

POST APPLIED FOR: COOK

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

- 08TH PASSED.

EXPERIENCE DETAILS

- 5 Years Worked Experience as a "COOK" in DELHI NAHARI HOTEL (INIDA)
- Item :- Dum Biryani, Chicken Biryani, Mutton Biryani, korma Paya, Nahari all veg sabzi

PERSONAL DETAILS

Father's Name	:	KHALID AHMAD
Date of Birth	:	01/01/1997
Sex	:	MALE
Language Known	:	HINDI
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
(SHAVEJ)

DELHI NAHARI HOTEL

Address- – ZAKIR NAGAR NEW DELHI - 110025

Date: 17/11/2022

Ref: BRC.H-26/10

EXPRINCE CERTIFICATE

This to certify that **Mr. SHAVEJ** Has worked in our Organization as a **“COOK From 18/11/2017 to 17 /11/2022** He had completed all the Assignments given to him time. His behavior is good during the job period in our organization

I wish good luck for his carrier



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 20108991727

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Shavej
Age / उम्र	26
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Passport # S2971595
Unique Health ID (UHID)	
Beneficiary Reference ID	34693325526099
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses) and a Precaution Dose

Vaccination Details

Vaccinated By / टीका लगाने वाले का नाम	Shubhadra Devi
Vaccination At / टीकाकरण का स्थान	DCH Lodhi (18 Above), Sonbhadra, Uttar Pradesh

Dose Number खुराक की संख्या	Date of Dose खुराक की तारीख	Vaccine Name वैक्सीन का नाम	Batch Number बैच संख्या	Vaccine Type टीका का प्रकार	Manufacturer उत्पादक
1/2	20 Oct 2021	COVISHIELD	-	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	10 Feb 2022	COVISHIELD	-	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
Precaution dose	31 Jan 2023	COVISHIELD	4122Z037	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



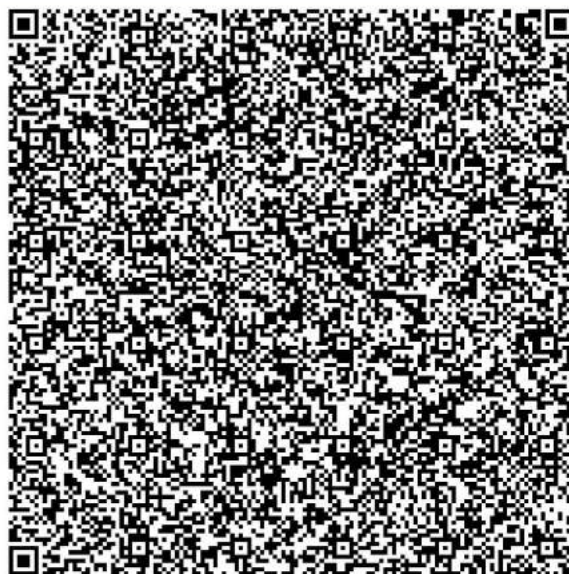
“दवाई भी और कड़ाई भी।
Together, India will defeat
COVID-19”

- 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>

