

NISA TRAVEL AGENCY

An Overseas Recruitment Consultancy and Workforce Solution Provider

Approved by the Ministry of External Affairs, Govt. of India

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JOB APPLICATION FORM

| | Application No. | | Post Applied for | | HOUSE BOY | | | | | |
|-------------------------|-------------------|---|--|----------|-----------|--------------------------|----------------------|------------|--------------|--|
| А | Full Name | | ALI HAMZA | | | | | | | |
| | Father's Name | | MOHAMMAD ZAFAR | | | Mother's Name | SHABNAM | | | |
| | Religion | | MUSLIM | Sex | M | Marital Status | SINGLE | | | |
| | Date of Birth | | 22/06/1999 | Age 24 | | Place of Birth | BIJNOR,UTTAR PRADESH | | | |
| | Passport No | | V5653322 | | | Date of Issue | 23/12/20 | 23/12/2021 | | |
| | Place of Issue | | BAREILLY | BAREILLY | | | 22/12/20 | 22/12/2031 | | |
| EDUCATION QUALIFICATION | | | | | | | | | | |
| В | | Name of I | nstitute / University | | | Course | Duration Passing Y | | Passing Year | |
| | 1 | | | | | 8TH | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | | WORK EXPERIENCE | | | | | | | | |
| С | | Name Of Company / Hospital / Firm | | | | Department / Designation | | | Experience | |
| | | 1 HOTEL ELDORADO (INIDA) | | | | UF | FFICE BOY 4YEAR | | | |
| | 3 | | | _ | - | | _ | | | |
| | 4 | | | | | | | | | |
| | 4 | LANGUAGES KNOWN | | | | | | | | |
| D | Language | | Read | | | Write | | | | |
| | 1 | English | POOR | | | POOR | | POOR | | |
| | 2 | Hindi | EXCELLENT | | | EXCELLENT | EXCELLENT | | | |
| | 3 | Arabic | POOR | | | POOR | POOR | | ₹ | |
| | 4 | Malayalam POOR | | | | POOR | POOR | | | |
| | ı | | | CONT | ACT IN | FORMATION | | | | |
| E | Permanent Address | | MOHALLA SADAT MILKIYAN, PO/PS SEOHARA, E | | | | BIJNOR, UTT | AR PRADES | SH ,INDIA | |
| | | | State UTTAR PRADES | | | SH PIN cod | | de 246746 | | |
| | E-mail ID | | | | | | 1 | | | |
| | Mobile 1 | | 74178 86406 | | | 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. | | | | | | | | |
| Doto | | | Place | | | | Sign | | | |
| Date | , | | riace | | | | Sign Liaised By | | | |
| | | | | | | | Liaiseu by | | | |

MR. ALI HAMZA

Address MOHALLA SADAT MILKIYAN PO/PS SEOHARA, BIJNOR PIN:246746 UTTAR PRADESH India.

POST APPLIED FOR

(OFFICE BOY)

CAREER OBJECTIVES:

To be a crucial part of an organization and to establish myself with challenging responsibilities in a professional where my academic knowledge, analytical and problem solving skills and its application can be put in for mutual growth of organization and myself.

EDUCATIONAL QUALIFICATION:

08TH PASSED

WORKING EXPERIENCE:

4 Years Worked Experience as a "OFFICE BOY" in HOTEL ELDORADO (INIDA)

PERSONAL INFORMATION:

Father's Name : MOHAMMAD ZAFAR

Date of Birth : 22/06/1999

Sex:MaleNationality:IndianMarital Status:UnmarriedLanguages Known:Hindi

PASSPORT DETAILS

Passport No : V5653322
Date of Issue : 23/12/2021
Date of Expire : 22/12/2031
Place of Issue : BAREILLY

Date: Place:

(ALI HAMZA)



Date: 19/03/2022 Ref: VL/SE- 45/586

Date: 19/03/2022 Ref: BRC.-88/59

EXPERIENCE CERTIFICATE

This to certify that Mr. HAMZA ALI Has worked in Organization as a "OFFICE BOY" From 20/03/2018 to 19/03/2022. 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

Partner





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 73493302016

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम

Age / उम्र

Gender / लिंग

ID Verified / पहचान पत्र सत्यापित

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Status / टीकाकरण की स्थिति

Vaccination Details

Vaccine Name / वैक्सीन का नाम

Vaccine Type / टीका का प्रकार

Manufacturer / उत्पादक

Dose Number / खुराक की संख्या

Date of Dose / खुराक की तारीख

Batch Number / बैच संख्या

Vaccinated By / टीका लगाने वाले का नाम

Vaccination At / टीकाकरण का स्थान

Ali Hamza

23

Male

Aadhaar # XXXXXXXXX6733

20345396680380

Fully Vaccinated (2 Doses)

COVISHIELD

COVID-19 vaccine, non-replicating viral vector

Serum Institute of India Pvt. Ltd.

1/2

2/2

2021-08-02

2021-11-17

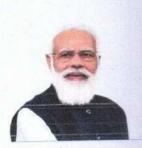
4121Z143

4121aa045m

MADHURI

SEOHARA WARD NO 3, Bijnour, Uttar

Pradesh



"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 नज़दीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन १०७५ पर सम्पर्क करें

