



NISA TRAVEL AGENCY

Approved by the Ministry of External Affairs, Govt. of India
License No. B0646/DEL/PER/1000+/4 ¼ /7922/2007



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

JOB APPLICATION FORM

A	Regd. No.		Post Applied For:		HOUSE BOY		
	Full Name		NAUSAD AHMAD				
	Father's Name		AYYAZ AHMAD		Mother's Name		
	Religion		MUSLIM	Sex	MALE	Marital Status	UNMARRIED
	Date of Birth		05/01/1997	Age	26	Place of Birth	
	Passport No		U1114859		Date of Issue		15/11/2019
	Place of Issue		LUCKNOW		Date of Expiry		14/11/2029
EDUCATION QUALIFICATION							
B	Name of Institute / University			Course	Duration	Passing Year	
	1			10 TH PASS			
	2						
	3						
	4						
WORK EXPERIENCE							
C	Name of Company / Hospital / Firm			Department / Designation		Experience	
	1	THE ROYAL PALACE LUCKNOW		HOUSE BOY		7YRS	
	2						
	3						
	4						
LANGUAGES KNOWN							
D	Language		Read	Write	Speak		
	1	English	GOOD	GOOD	GOOD		
	2	Hindi	GOOD	GOOD	GOOD		
	3	Arabic					
	4	Malayalam					
CONTACT INFORMATION							
E	Permanent Address		MAHADEVA POST AURANGABADH MU KHANA CHITAI PUR, AMETHI				
			State	UTTAR PRADESH	PIN code	247405	
	E-mail ID						
	Mobile 1		8826806585(AGENT AL MAKTOOM TRAVEL)		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			

APPLICATION BIO- DATA

Subject: - An Application for the post “ HOUSE BOY ”

I have come to know that you are having some vacancies in your company. I wish to offer my service to consider. My particulars are your favorable.

Name : **NAUSAD AHMAD**
Father's Name : **AYYAZ AHMAD**
Date of Birth : **05.01.1997**
Languages Known : **HINDI & ENGLISH**
MARITAL STATUS : **UNMARRIED**
Nationality/Religion : **INDIAN/MUSLIM**

PERMANENT ADDRESS

MAHADEVA POST
AURANGABADH MU KHANA
CHITAIPUR ,AMETHI
PIN:247405 UP INDIA

PASSPORT NO.	U1114859
DATE OF ISSUE	15.11.2019
DATE OF EXPIRY	14.11.2029
PLACE OF ISSUE	LUCKNOW

EDUCATION QUALIFICATION

- 10TH

EXPERIENCE DETAILS

Name of Company	Designation	Period
THE ROYAL PALACE LUCKNOW	HOUSE BOY	18.03.2017 TO 15.05.2023

DATE-
PLACE-

SIGNATURE-

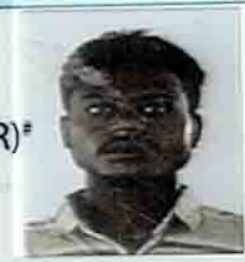




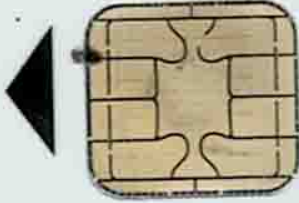
Indian Union Driving Licence Issued by Uttar Pradesh

UP

UP36 20220009159



(29-08-2022)



Issue Date Validity (NT) Validity (TR)*
29-08-2022 13-06-2037 -----

[Signature]
Holder's Signature

Name: **NAUSAD AHMAD**
Date of Birth: **14-06-1997** Blood Group: Organ Donor: **Y**
Son/Daughter/Wife of: **AYYAZ AHMAD**
Address:
MAHADEVA CHITAIPUR AURANGABAD
Musafirkhana, Amethi, UP 227813

Date of First Issue

DL No: UP36 20220009159

UPDL000009135061



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date*	Badge Issued By*
MCWG	UP36	29-08-2022	NT				
LMV	UP36	29-08-2022	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP36 AMETHI



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 83120656347

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Nausad Ahmad
Age / उम्र	24
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Passport # U1114859
Unique Health ID (UHID)	
Beneficiary Reference ID	34626161737209
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / खुराक की संख्या	1/2 2/2
Date of Dose / खुराक की तारीख	2021-08-05 2021-11-16
Batch Number / बैच संख्या	4121MC045 4121AA041M
Vaccinated By / टीका लगाने वाले का नाम	Savita Sonker
Vaccination At / टीकाकरण का स्थान	Musafirkhana CHC 18 Plus, Amethi, Uttar Pradesh



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

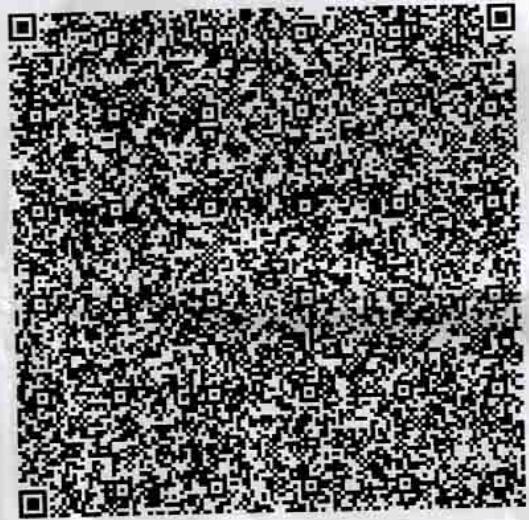
- प्रधानमंत्री नरेंद्र मोदी

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 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>