



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 DRIVER			
	Full Name		MUHAMAD AAMIR			
	Father's Name		MUHAMAD HANEEF		Mother's Name	
			NASRAN			
	Religion		ISLAM	Sex	MALE	Marital Status
			UNMARRIED			
	Date of Birth		04-06-1997	Age	26	Place of Birth
		MALERKOTLA, PUNJAB				
Passport No		V5547845		Date of Issue		
		29-12-2021				
Place of Issue		CHANDIGARH		Date of Expiry		
		28-12-2031				
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				HOUSE DRIVER	8YRS
	2					
	3					
	4					
LANGUAGES KNOWN						
D	Language		Read	Write	Speak	
	1	English				
	2	Hindi				
	3	Arabic				
	4	Malayalam				
CONTACT INFORMATION						
E	Permanent Address		ALFLAH COLONY, MALERKOTLA(R) MALERKOTLA			
			State	PUNJAB	PIN code	148023
	E-mail ID					
	Mobile 1		7065939563	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			

CURRICULUM VITAE

Mohd Aamir

Alflah colony , Malerkotla(R)

Malerkotla , Punjab-148023

CAREER OBJECTIVE

To become a committed To be hard work person by having a qualitative and oriented approach towards objectives of organization.

EDUCATIONAL QUALIFICATION

8th schooling

OTHER QUALIFICTION

None

EXPERIENCE and Profession

8 year Experience in house driver.

STRENGTH

Ability to independently and also quality adjustable with team work.

Hard working willing to learn.

Good to handle any situation.

PERSONAL DETAIL

Name : Mohd Aamir
Father's name : Mohd Haneef
Date of Birth : 04/06/1997
Nationality : Indian
Gender : Male

DECLARATION

I, hereby declare that all the information give above are true and correct to the best of my knowledge and belief.

Date.....

Place.....

EMIGRATION CHECK REQUIRED

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

MUHAMAD HANEEF

माता का नाम / Name of Mother

NASRAN

पति या पत्नी का नाम / Name of Spouse

पता / Address

ALFLAH COLONY

DISTT., MALERKOTLA

PIN: 148023, PUNJAB, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

CH3065926483821



V5547845

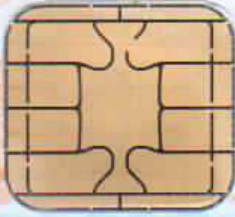


सत्यमेव जयते

Indian Union Driving Licence
Issued by PUNJAB

PB

PB28 20220000401



Issue Date	Validity(NT)	Validity (TR)
22-03-2022	03-06-2037	

Holder's Signature

Name: **MUHAMAD AAMIR**
Date of Birth: **04-06-1997** Blood Group: **B+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **MUHAMAD HANEEF**
Address:
ALFLAH COLONY MALERKOTLA
MALERKOTLA, PB 148023

Date of First Issue 22-03-2022

DL No: **PB28 20220000401**

PBDL000000799021



Invalid Carriages (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	PB28	22-03-2022	NT			
	LMV	PB28	22-03-2022	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority

MALERKOTLA SDM



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 37267957895

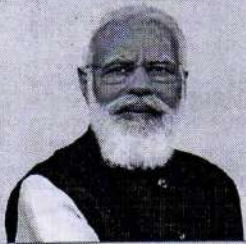
Beneficiary Details

Beneficiary Name / ਲਾਬਪਾਤਰੀ ਦਾ ਨਾਮ **Mohammad Aamir**
Age / ਉਮਰ **25**
Gender / ਲਿੰਗ **Male**
ID Verified / ਸਨਾਖਤ ਦੀ ਕਿਸਮ **Aadhaar # XXXXXXXX1164**
Unique Health ID (UHID) **28498403650813**
Beneficiary Reference ID **Fully Vaccinated (2 Doses)**
Vaccination Status / ਟੀਕਾਕਰਣ ਦੀ ਸਥਿਤੀ

Vaccination Details

Vaccinated By / ਟੀਕਾਕਰਮੀ **Kirandeep Kaur**
Vaccination At / ਟੀਕਾਕਰਨ ਦੀ ਜਗ੍ਹਾ **SDH Malerkotla, Sangrur, Punjab**

Dose Number ਡੋਜ਼ ਨੰਬਰ	Date of Dose ਖੁਰਾਕ ਦੀ ਮਿਤੀ	Vaccine Name ਟੀਕਾ ਦਾ ਨਾਮ	Batch Number ਬੈਚ ਨੰਬਰ	Vaccine Type ਟੀਕੇ ਦੀ ਕਿਸਮ	Manufacturer ਨਿਰਮਾਤਾ
1/2	31 Dec 2021	COVISHIELD	4121AA046M	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2/2	24 Nov 2022	COVISHIELD	4122Z022	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

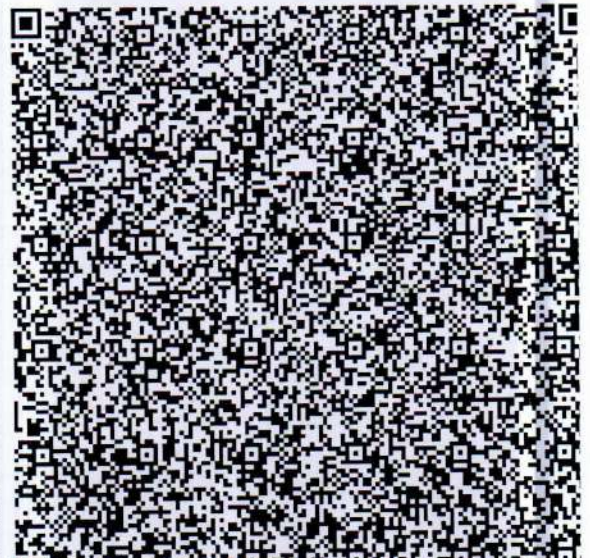


“ਦਵਾਈ ਵੀ ਅਤੇ ਕੜਾਈ ਵੀ।
Together, India will defeat
COVID-19”

- ਪ੍ਰਧਾਨ ਮੰਤਰੀ ਨਰੇਂਦਰ ਮੋਦੀ

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

ਕਿਸੇ ਵੀ ਆਪਤਕਾਲੀਨ ਸਥਿਤੀ ਵਿੱਚ ਕਿਰਪਾ ਕਰਕੇ ਨੇੜੇ ਦੇ ਪਬਲਿਕ ਹੈਲਥ ਸੈਂਟਰ / ਹੈਲਥ ਕੇਅਰ ਵਰਕਰ (ਸਿਹਤ ਸੁਰੱਖਿਆ
ਕਰਮੀ) / ਜ਼ਿਲ੍ਹਾ ਟੀਕਾਕਰਨ ਅਧਿਕਾਰੀ / ਸਟੇਟ ਹੈਲਪ ਲਾਈਨ ਨੰਬਰ 1075



COWIN

