



# SM Enterprises

Building Your Future with Care

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**VISA ENDORSEMENT, EMMIGRATION & OVERSEAS RECRUITMENT**

## CURRICULUM VITAE



<b>JOB PROFILE:</b>	<b>HOUSE DRIVER</b>
<b>CONTACT DETAILS:</b>	-----
<b>EXPECTATION SALARY:</b>	<b>140 TO 150 KD</b>

## PERSONAL DETAILS

<b>FULL NAME</b>	BADRUL HUDA
<b>FATHER NAME</b>	SHAMSUL HUDA
<b>MOTHER NAME</b>	SAIDA KHATOON
<b>MARITAL STATUS</b>	MARRIED
<b>NATIONALITY</b>	INDIAN
<b>DATE OF BIRTH</b>	10-05-1985
<b>AGE</b>	38
<b>PLACE OF BIRTH</b>	CHANDPUR, UP
<b>RELIGION</b>	MUSLIM

## LANGUAGES KNOWN

LANGUAGE	HINDI	URDU	ARABIC	ENGLISH
READ	YES	NO	NO	NO
WRITE	YES	NO	NO	NO
SPEAK	YES	YES	YES	NO

**PASSPORT DETAILS**

<b><u>PASSPORT NO</u></b>	<b><u>W3957493</u></b>
<b><u>PLACE OF ISSUE</u></b>	<b><u>BAREILLY</u></b>
<b><u>DATE OF ISSUE</u></b>	<b><u>22-09-2022</u></b>
<b><u>DATE OF EXPIRY</u></b>	<b><u>21-09-2032</u></b>
<b><u>ECR/ECNR</u></b>	<b><u>ECR</u></b>

**ACADEMIC RECORDS**

<b><u>YEAR</u></b>	<b><u>QUALIFICATION</u></b>	<b><u>BOARD</u></b>	<b><u>CLASS</u></b>
	8 <sup>TH</sup>	SECONDARY BOARD OF EDUCATION	

**WORK EXPERIENCE**

<b><u>YEAR</u></b>	<b><u>PLACE</u></b>	<b><u>JOB</u></b>
2	KUWAIT	LIGHT DRIVER

**SIGNATURE**





**EMIGRATION CHECK REQUIRED**

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

**SHAMSUL HUDA**

माता का नाम / Name of Mother

**SAIDA KHATOON**

पति या पत्नी का नाम / Name of Spouse

**FATIMA PARVEEN**

पता / Address

**MOHALLA QAZI SARAI****TEHSIL CHANDPUR, BIJNOR****PIN: 246725, UTTAR PRADESH, INDIA**

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

**K5906147 18/07/2012 BAREILLY**

फाइल न. / File No.

**BL1076863156622**

W3957493





State of Kuwait

دولة الكويت

Min. of Interior - General Traffic Dept. وزارة الداخلية - الإدارة العامة للمرور

Driving License

رخصة سواق



الاسم بدر الهدى - شمس الهدى

BADRUL HUDA SHAMSUL HUDA Name

285051016039

رقم الرخصة  
License No.

الهند  
INDIA  
الجنسية  
Nationality

معلق  
Profession

21/9/2015

التاريخ الانتهاء  
Date of Expiry



مدير عام المرور  
Issuing Authority



دولة الكويت  
البطاقة المدنية  
STATE OF KUWAIT CIVIL ID CARD



285051016039

الرقم المدني  
Civil ID No

بدر الهدى شمس الهدى

الاسم



المدير العام

الجنس  
ذكر / M Sex

الهند / IND

الجنسية  
Nationality

تاريخ الانتهاء  
15/09/2015 Expiry Date

10/05/1985

تاريخ الميلاد  
Birth Date





Shot on vivo S1  
AI Triple Camera

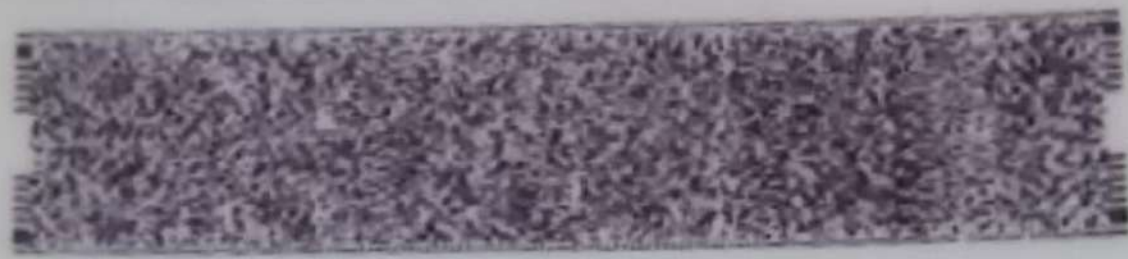


		خاصة	

تاريخ الإصدار  
Date of Issue: 22/9/2014

تاريخ الميلاد  
Date of Birth: 10/5/1985

فصيلة الدم  
Blood Group: O.



عمر قائد المركبات فسيح الطريق لمركبات مسجلة لتسيير البضائع والعمالة الرسمية ومركبات الطوارئ  
عمر قائد المركبات المؤقت فوراً كما طلب منهم رجال الشرطة ذلك

285051016039



20491701



الرقم المدني: 285051016039  
العنوان: الفردوس  
شارع 1 جاده 15  
المبنى: 19  
الدور:  
مادة الإقامة: 20 الكفيل:  
عجيل عبد الله بليدان المطيري

فصيلة الدم:  
القطعة: 9

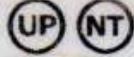
الرقم:  
الوحدة: منزل  
الرقم الآلي للعنوان: 12877782

المسلسل: Serial No: 5088356007

IDKWTJ006099524285051016039<<<<  
8505109M1509153IND12877782<<<<4



UNION OF INDIA **Driving Licence**



UP20 20130001866



जारी करने की तिथि  
Date of Issue  
02/02/2013

वैधता / Validity  
01/02/2033

जन्म तिथि  
Date of Birth  
10/05/1985

Blood Group  
Unknown



नाम / Name

**BADRUL HUDA**

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

SHAMSHUL HUDA

DUPLICATE



UP20 20130001866

UP00479937MT



LMV

02/02/2013



MCWG

02/02/2013

UP

Form 7 Rule 16(2)

पता / Address

MOH-QAZI SARAI  
CHANDPUR  
BIJNOR -

*Holder's Signature*  
Holder's Signature

*Issuing Authority Sign*  
जारीकर्ता / Issuing Authority Sign  
BIJNOR

# COVID-19 Vaccination Certificate

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 15551229855

## Beneficiary Details

Beneficiary Name **Badrul Huda**  
Date of Birth (YYYY-MM-DD) **1985-05-10**  
Gender **Male**  
Passport Number **W3957493**  
Vaccination Status (# of doses) **Fully Vaccinated (2 Doses)**  
Beneficiary Reference ID **34639272581193**

## Vaccination Details

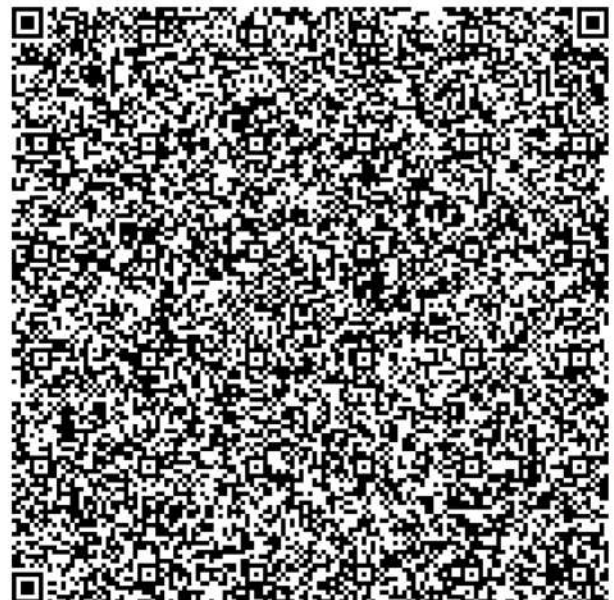
Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
1st	2021-09-08	COVISHIELD	4121z276	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.
2nd	2021-12-31	COVISHIELD	4121z276	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.

Together, India will defeat  
COVID-19”

- Prime Minister Narendra Modi

In case of any adverse events, kindly contact the nearest health centre

This certificate is compliant with WHO-DDCC:VS data dictionary



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