Curriculum Vitae

Mohammed Ghouse

Location; Mehdipatnam, Hyderabad-TS Phone; +917093970350/7989217090 Email; ghousealsuma@gmail.com

Driving License: Indian & Omani License

CAPABILITIES, STRENGTH & OBJECTIVE

- **A**s a commerce student well aware with Accounts Writing & it'smaintenance.
- **B**asic computer knowledge, MS Office Use of Office Environment ApplicationSWs.
- Capable to Maintaining
- Have good exposure in performing Clerical Duties & Administrative Support Services.

Objective: Being the virtues stated above, I aspire to achieve a challenging position where opportunities exist for development and growth.

SKILLS

- Hardworking
- Operating System: Windows 7, 8 &10
- MS Office: Excel, word, PowerPoint
- Driving
- Teamwork
- Supervisory Skills
- Planning and Organizing
- Achievement Orientation
- Self-Commitment and Motivation

INTEREST & HOBBIES

- Reading periodicals, magazines and Newspapers.
- Searching and accessing Information.
- Participating in online forums and Groups, Sharing views.
- Reciting Qur'an, Playing Snooker and Swimming etc.

WORKING EXPERIENCE

• Company: Al Suma International LLC

POSITION; CAMP BOSS ASSISTANT

DURATION; From December 2012 to April 2017

• Company: Safil Mall Masqat

• POSITION; Sales Man

• **DURATION;** From June 2017 to October 2019

PERSONAL DETAILS

Father's Name : Mohd Allauddin
DateofBirth : 9th May1983
Nationality Religion : Indian, Islam
Marital Status : Married

Languages Known : English, Hindi, Urdu &Telugu.

Driving License : Indian&OmanDrivingLicense

Address : 12-2-270, Muradnagar, Hyderabad, TS.

DECLARATION

All the information's given above are true and correct to the best of my knowledge.

Date:

REPUBLIC OF INDIA भारत गणराज्य

टाईप / Type P

उपनाम / Surname

राष्ट्र कोड / Country Code

IND

पासपोर्ट नं. / Passport No.

T0687356

दिया गया नाम / Given Name(s) MOHAMMED GHOUSE

राष्ट्रीयता / Nationality

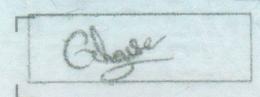
भारतीय/INDIAN

लिंग / Sex

जन्मलिकि/ Date of Birth 09/05/1983

जन्म स्थान / Place of Birth

HYDERABAD ANDHRA PRADESH



जारी करने का स्थान / Place of Issue

MUSCAT

जारी करने की तिथि / Date of Issue 01/01/2019

समाप्ति की तिथि / Date of Expiry 31/12/2028

P<IND<<MOHAMMED<GHOUSE<<<<<<< T0687356<2IND8305099M2812313<<<<<<<<

Previous Passport cancelled and returned, visas remain valid.

RELATION / OBSERVATION

विविध सेवा/ MISCELLANEOUS SERVICE

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

MOHAMMED ALLAUDDIN

माता का नाम / Name of Mother

JAFRI BEGUM

पति या पत्नी का नाम / Name of Spouse

ZAINAB FATIMA

पता / Address

12-2-270 MURAD NAGAR MEHDIPATNAM

ASIFNAGAR HUMAYUN NAGAR ASIFNAGAR

HYDERABAD TELANGANA 500028

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

K1860861

20/03/2012

HYDERABAD

फाईल नं./ File No.

OMNMP6857218

OLD PPT CLD AND RETURNED



NATIONALITY: INDIAN

DATE OF BIRTH:

1983/05/09

الجنسية: هندي تاريخ الميلاد: سانل العنوان: سمانل

ADDRESS: Samael

BLOOD GROUP: O POS

فصيلة الدم: او موجب فنة الرخصة: مركبة خفيفة

LICENCE CLASS: LIGHT VEHI

PRIVATE LIGHT

ملاحظات خفيفه خاصه

يجب تسليم هذه الرخصة لمن يطلبها من رجال الشرطة سواء كان بالزي الرسمي أو عند إبرازهويته في حال كونه بملابس مدنية THIS LICENCE MUST BE PRODUCED ON DEMAND TO ANY POLICE IN UNIFORM OR ON PRODUCTION OF WARRANT CARD BY A POLICE OFFICER NOT IN UNIFORM



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 76024882382

Beneficiary Details

Beneficiary Name / లబ్దిదారుని పేరు

Age / వయస్సు

Gender / එoňo

ID Verified / ఐడి ధృవీకరించబడింది

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Status / టీకా స్టేటస్

Vaccination Details

Vaccine Name / టీకా పేరు

Vaccine Type / టీకా రకం

Manufacturer / తయారీదారు

Dose Number / మోతాదు సంఖ్య

Date of Dose / ಮೌಕಾದು ತೆದೆ

Batch Number / బ్యాచ్ నంబరు

Vaccinated By / ಟೆಕಾಲು ವೆಯಂಪಿನವಾರು

Vaccination At / టీకాలు వేసిన చోటు

Mohammed Ghouse

38

Male

Aadhaar # XXXXXXXX2095

32581110446271

Fully Vaccinated (2 Doses)

COVISHIELD

COVID-19 vaccine, non-replicating viral vector

Serum Institute of India Pvt. Ltd.

1/2 2/2

2021-07-13 2021-10-21

4121MC023 4121MC104

R Saroja

Veternary Function Hall, Hyderabad,

Telangana



"టీకాతో పాటు పత్యం కూడా చెయ్యాలి

Together, India will defeat COVID-19"

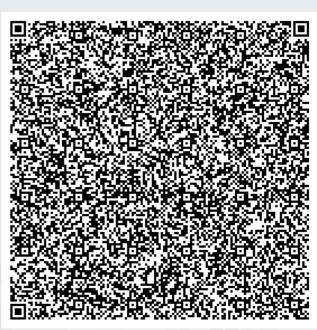
- ప్రధానమంత్రి నరేంద్ర మోదీ

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

ఏదైనా ప్రతికూల సంఘటనలు జరిగితే, దయచేసి సమీప ప్రజారోగ్య కేంద్రం / హెల్త్ కేర్ వర్కర్ / జిల్లా ఇమ్మునైజేషన్ ఆఫీసర్ను సంప్రదించండి / రాష్ట్ర హెల్స్ లైన్ నెం. 1075









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