CURRICULUM-VITAE

GOVIND SINGH CHOUHAN

Mob No.: -9559653321

Address: -116/380 B Block

Rawatpur Gaon Kanpur Nagar - 208019

E-mail:- singhgovind83748@gmail.com



CAREER OBJECTIVE

To do interesting & creative works to prove ability and to enhance all round development of both the profession as well as myself.

WORK EXPERIENCE

✓ Two year experience as a Store Inchare in Namste India.

ACAEDMIC RECORDS

- ✓ High School passed from U.P. Board Allahabad in 2012.
- ✓ Intermediate passed from U.P. Board Allahabad in 2014.

PERSONAL DETAILS

Husband's Name : Mr. Tulshi Ram Chauhan

Date of Birth : 15/03/1996

Passport Number : W4153479

Nationality : Indian

Gender : Male

Marital Status : Unmarried

Religion : Hindu

UNDERTAKING

I hereby declare that all the above given information provided here is correct to the best of knowledge and belief.

Place

Date (GOVIND SINGH CHOUHAN)



311/20G

कोड / Code टाईप / Type

INID

भारत गणराज्य / REPUBLIC OF INDIA

राष्ट्रीयता / Nationality भारतीय / INDIAN पासपोर्ट न / Passport No.

W4153479

तपनाम / Surname

CHOUHAN

दिया गया नाम / Given Name(s)

GOVIND SINGH

जनातिथि / Date of Birth

लिए / Sex M

15/03/1996

अस्य स्थान / Place of Birth

KANPUR NAGAR, UTTAR PRADESH

जारी करने का स्थान/Place of Issue

LUCKNOW

जारी करने की तिथि/ Date of Issue

27/10/2022

समाप्ति की तिथि / Date of Expiry

26/10/2032

P<INDCHOUHAN<<GOVIND<SINGH<<<<<<<< W4153479<1IND9603150M32102602067003286622<08

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

TULSI RAM CHOUHAN

माता का नाम / Name of Mother

SONA SINGH CHOUHAN

पति या पत्नी का नाम / Name of Spouse

Vett / Address

116/380 B

RAWATPUR GAON, KANPUR NAGAR

PIN: 208019, UTTAR PRADESH, INDIA

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

पर्वहत न / File No.

LK2067003286622





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 26213815600

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

Vaccinated By / टीका लगाने वाले का नाम

Vaccination At / टीकाकरण का स्थान

Govind Singh Chouhan

25

Male

Aadhaar # XXXXXXXXX1074

15-1041-8108-7076

41454353269160

Fully Vaccinated (2 Doses)

Sarita Tripathi

GEE UPHC RAWATPUR GOAN CV 18, Kanpur Nagar, Uttar

Pradesh

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer	
खुराक की संख्या	खुराक की तारीख	वैक्सीन का नाम	बैच संख्या	टीका का प्रकार	उत्पादक	
				COVID-19 vaccine,		
1/2	14 Aug 2021	COVISHIELD	4121P149B	non-replicating viral vector	Serum Institute of India	
				COVID-19 vaccine.	Serum Institute of India Pvt.	



"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





