

CURRICULUM VITAE

MIRZA JALEEL BAIG

961, 17th Cross, 2nd Stage Rajiv Nagar , Mysore – 570019 Karnataka – India

APPLICATION FOR THE POST OF **IRRIGATION / LANDSCAPING TECHNICIAN**

OBJECTIVE

To be a part of progressive company to obtain a good position where I can utilize my skills, knowledge and to advance my Career by contributing quality works and thereby maintain higher levels of satisfaction for the Organization. To place utilized as a maximum advantage for the Organization in which I can be chosen to work constantly, independently and to learn new skills and would like to work in a premium Organization to accept challenges and to work continuously for the team.

WORK EXPERIENCE

9 + Years of Work Experience in the field of Landscaping Irrigation Network System

29-01-2009 TO 10-05-2016 worked as **Irrigation Group Leader** (Facility Dept. Operation and maintenance) Saudi Oger Ltd, Jeddah – KSA

01-08-2016 TO 15-10-2018 worked as a **Irrigation Technician** for Agricultural fields Locally with private Contractor , Mysore - INDIA

01-09-2019 TO 07-09-2020 worked as **Irrigation Foreman** (Facility Dept. Operation and maintenance) Alfardan Properties (wahat al shafalahiya) Doha - QATAR

NATURE OF WORK DONE

- Installation and Maintenance of Automatic Irrigation System
- Programming irrigation controller based on watering schedule
- Planning and supervising daily Labor activities
- Performed installation , repair and maintenance of irrigation network
- Estimation and Costing
- Prepared monthly accomplishments report
- Leading the team for assigned Task
- Worked with many Irrigation products which is having international standards like RAIN BIRD, HUNTER , TORO, and other locally made products.

PERSONAL DATA

Name : Mirza Jaleel Baig
Status : Married
Nationality : Indian
Date of Birth : 16-07-1977
Qualification : Diploma in Civil Engineering

CONTACT

Email Address : mjbaig_7245@yahoo.com
Mobile Number : +91 – 9535857199

DRIVING LICENSE (Saudi Arabia)

License Number : 2438533107
Date of Issue : 22-10-2013
Date of Expiry : 21-10-2023
Place of Issue : Jeddah

PASSPORT DETAILS

Passport Number : **L3896937**
Date Of Issue : 22-10-2013
Date Of Expiry : 21-10-2023
Place Of Issue : JEDDAH - KSA

LANGUAGES KNOWN

Urdu, Hindi, Kannada, English and Arabic

DECLARATION

I hereby declare that the above stated information is true and complete and also promised the undersigned will work hard to the best satisfaction of the Employer with complete responsibility.

MIRZA JALEEL BAIG

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27735648000 الرقم الشخصي:

D.O.B.: 16/07/1977 تاريخ الميلاد:

Expiry: 31/08/2021 الصلاحية:

الهند الجنسية:

Nationality: INDIA

Occupation: فني المهنة:



الاسم: ميرزا بايق

Name: MIRZA JALEEL BAIG





Rain Bird International, Inc.
P.O. Box 23775 Jeddah 21436
Kingdom of Saudi Arabia
Tel: +966(2) 6295085
www.rainbird.com



شركة سعودي أوجيه المحدودة
SAUDI OGER LTD.
PMO - Head Office Technical
P.O. Box 1449 Riyadh 11431
Kingdom of Saudi Arabia
Tel: +966(1) 477-3115
www.saudioger.com

CERTIFICATE OF ATTENDANCE

We hereby Certify that Mr. **Mirza Jaleel Baig**

Has attended our training course in:

Rain Bird Landscape Irrigation Products Workshop: Installation, Operation & Maintenance of Irrigation System.

Organizer and Instructor:

Jamal Abou Chakra

Held in **Saudi Oger, Jeddah**

On **January 16, 2011**

Duration **One Day**

Jamal Abou Chakra
Area Manager – Rain Bird Int.

Abdul Muttaleb Kobrossli
Landscape Manager – Saudi Oger

February 14, 2011
Date

MIDDLE EAST AGRICULTURE COMPANY
ATTENDANCE CERTIFICATE



BAIG MIRZA JALEEL

**HAS ATTENDED A TRAINING ON IRRIGATION SYSTEM &
PRODUCTS APPLICATION COVERING**

Hunter®

NETAFIM™

**SHADI MASRI
JEDDAH BRANCH MANAGER**

**DATE
APRIL 15TH, 2012**

**MOHAMAD EL ZEIN
PRODUCT MANAGER**



Ministry of Health & Family Welfare
Government of India

Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name / ಫಲಾನುಭವಿಯ ಹೆಸರು	MIRZA JALEEL BAIG
Age / ವಯಸ್ಸು	44
Gender / ಲಿಂಗ	Male
ID Verified / ಐ.ಡಿ. ಗುರುತು	Passport # L3896937
Unique Health ID (UHID)	
Beneficiary Reference ID	30948759733710

Vaccination Details

Vaccine Name / ಲಸಿಕೆ ಹೆಸರು	COVISHIELD
Date of 1 st Dose / ಮೊದಲ ಡೋಸ್ ದಿನಾಂಕ	19 Jun 2021 (Batch no. 4121MC001)
Date of 2 nd Dose / ಎರಡನೇ ಡೋಸ್ ದಿನಾಂಕ	27 Aug 2021 (Batch no. 4121MC057)
Vaccinated by / ಲಸಿಕೆ ನೀಡಿದವರು	USHA
Vaccination at / ಲಸಿಕೆ ಹಾಕಿದ ಸ್ಥಳ	UPHC Rajendranagar 18-44WP, Mysore, Karnataka



“ಔಷಧಿ /ಲಸಿಕೆ ಬೇಕು,
ಜೊತೆಗೆ ದೃಢತೆ ಬೇಕು

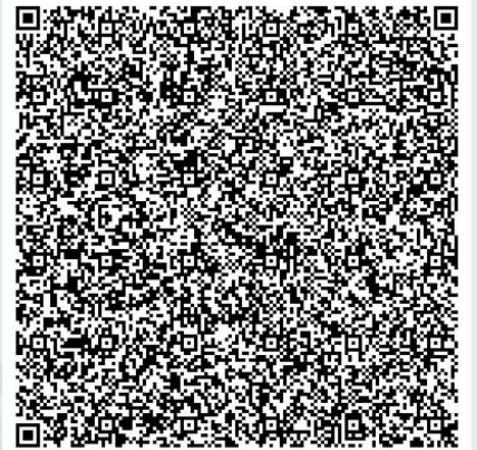
Together, India will defeat
COVID-19”

- ಪ್ರಧಾನಮಂತ್ರಿ ನರೇಂದ್ರ ಮೋದಿ

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

ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮ ಉಂಟಾದ ಸಂದರ್ಭದಲ್ಲಿ, ದಯವಿಟ್ಟು ಸಮೀಪದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ
ಕೇಂದ್ರ/ಆರೋಗ್ಯ ಶುಷ್ಕಾಪಕಾರ್ಯಕರ್ತೆ/ ಜಿಲ್ಲಾ ಲಸಿಕೆ ಅಧಿಕಾರಿ/ರಾಜ್ಯ ಸಹಾಯವಾಣಿ ಸಂ. 1075
ಸಂಪರ್ಕಿಸಿ

COWIN
Winning Over COVID



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