

# **RESUME**

## **PERSONAL DETAILS**

Name : BONGONI VENUGOPAL  
Father Name : B. KOMARAI AH  
Sex : Male  
Date of Birth : 26/02/1980  
Nationality : Indian  
Blood Group : O Positive  
E-Mail : venugopalbongoni@gmail.com  
Permanent Address India : H. No: 20-3-115/1, Vidyanagar



C/o Srirama vidyalayam  
Godhavarikhani, Karimnagar  
Telangana, India. Pin : 505209  
Educational Qualification : S. S. C (March 1995)  
Language Known : Telugu, Hindi, English  
**Work Experience** : 1995 - 2000 : Taxi Driver  
2000 – 2007 : Goods Van Driver  
2007 – 2014 : Sales man cum  
Driver

2014 – 2016 : Dumper Operator  
in opencast  
coalmines  
2016 – 2018 : worked as a House  
Driver in kingdom  
of Saudi Arabia  
2019 – 2020 : Taxi driver  
2020 - Present : working as  
Explosive truck  
driver in SCCLTD



Ministry of Health & Family Welfare  
Government of India

## Covid-19 Vaccination Certificate

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

Certificate ID 74009080117

### Beneficiary Details

Beneficiary Name	Bongoni Venugopal
Date of Birth (YYYY-MM-DD)	1980-02-26
Gender	Male
Passport Number	N6174565
Vaccination Status (# of doses)	Fully Vaccinated (2 Doses)
Beneficiary Reference ID	32601633705383

### Vaccination Details

Vaccine Name	COVISHIELD	
Vaccine Type	COVID-19 vaccine, non-replicating viral vector	
Manufacturer	Serum Institute of India Pvt. Ltd.	
Dose #	1st	2nd
Date of Dose (YYYY-MM-DD)	2021-06-13	2021-11-19
Dose Batch #	4121Z095	4121MF016



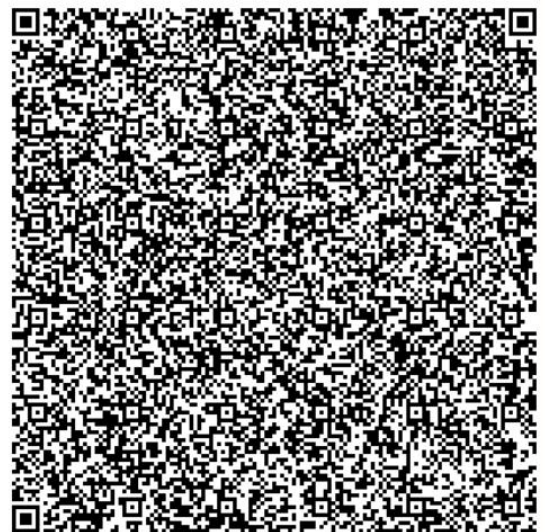
“Together, India will defeat  
COVID-19”

- 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

**COWIN**  
Winning Over COVID



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

# Board of Secondary Education

ANDHRA PRADESH, INDIA

LL 1523423



PRIVATE



SECONDARY SCHOOL CERTIFICATE

DUPLICATE



Head Mistress  
SRI VANIKETHAN HIGH SCHOOL  
GODAVARIKHANI-505 209,  
Dist. Karimnagar (A.P.)

CERTIFIED THAT B VENUGOPAL

FATHER NAME : KOMARAJAH

bearing Roll No 1232426

belonging to 33143:- SV NIKETAN H SCHOOL GODAVARIKHANI

has appeared and PASSED SSC EXAMINATION held in MARCH-1996 in COMPARTMENTAL  
and ENGLISH as medium of instruction.

DATE OF BIRTH

26/02/1980

TWO SIX

FEBRUARY

ONE NINE EIGHT ZERO

THE CANDIDATE SECURED THE FOLLOWING MARKS

SUBJECT	Marks Secured (In figures)	Marks Secured (In words)
FIRST LANGUAGE : ( TELUGU )	52*	FIVE TWO
THIRD LANGUAGE : ENGLISH	42*	FOUR TWO
MATHEMATICS :	37*	THREE SEVEN
GENERAL SCIENCE :	62	SIX TWO
SOCIAL STUDIES :	71	SEVEN ONE
TOTAL :	264	TWO SIX FOUR
SECOND LANGUAGE : ( HINDI )	56*	FIVE SIX
GRAND TOTAL :	320	THREE TWO ZERO

Life Skills Education : GRADE SECURED :

Marks of Identification 1. A MOLE ON THE R/S CHEST

Head Mistress  
SRI VANIKETHAN HIGH SCHOOL  
GODAVARIKHANI-505 209,  
Dist. Karimnagar (A.P.)

Addl. Joint Secretary,  
to the Director for Government  
Examinations T.S., Hyderabad.

Sd/- 26/2/2016  
SECRETARY  
BOARD OF SECONDARY EDUCATION  
A.P. HYDERABAD

1. Life Skills Education (The Grade shall be incorporated by the Executive Head of the Institution before delivery of the certificate to the candidate).  
2. Any tampering in the certificate will not be entertained after one year from the date of issue.  
3. Any unauthorised correction in the certificate will result in cancellation of certificate.  
4. The Marks with asterisk indicate the marks secured in previous appearances.





GOVERNMENT OF TELANGANA

From:  
Smt.K.Soujanya. M.A.,  
Addl Joint Secretary to the  
Director of Government Examinations,  
TELANGANA, Hyderabad.

To  
THE HEADMASTER  
S.V. Niketan School  
Godavarighani  
KARIMNAGAR DIST.

Re No. 98/ D34-2/2015 dt: -11-2015

Sir/Madam,

Sub: SSC Public Examinations MARCH-1996 dispatch of

Duplicate SSC Roll No 1232426 -Reg.

Ref: Your letter Re No .....dt: .....

\*\*\*\*\*

With reference to the subject cited, I am to inform you that the Duplicate  
of Sri/Kum B. venugopal with Roll No 1232426  
and SI No U1523953 is enclosed herewith and the same may be handed over  
to the candidate after making necessary entries in your school records.

The receipt of the letter may be acknowledged immediately.

Yours faithfully

Encl: Duplicate of Roll No 1232426

K. Soujanya  
ADDL. JOINT SECRETARY  
Tills

**Indian Union Driving Licence**  
Issued by Telangana

DLFAP31593642007

Issue Date: 09/01/2025 Validity (NT): 14/11/2027 Validity (TR): 03/12/2026

Name: VENUGOPAL B  
Date of Birth: 26/02/1980 Blood Group:  
Son / Daughter / Wife of: KOMURAJAH  
Address:  
HNO 20-3-115/1,  
VIDYA NAGAR,  
GODAVARIKHANI, RAMAGUNDAM, PEDDAPALLI - 505209

Holder's Signature  
Organ Donor:

Date of First Issue

DL0577298/23

Invalid Carriages (Regn. Numbers)

Hazardous Validity: 08/01/2028 Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
LMV	AP315	15/11/2007	NT				
MOTORCAB	AP015	21/07/2010	TR	10532		AP015	
MCWG	AP315	15/11/2007	NT				
VEH	AP015	18/11/2010	TR	10532		AP015	

Emergency Contact Number

Licensing Authority Name

KINGDOM OF SAUDI ARABIA  
MINISTRY OF INTERIOR

رخصة سيطرة  
DRIVING LICENSE

المملكة العربية السعودية  
وزارة الداخلية

فينو جوبال بنجني قمر ايه بنجني  
VENUGOPAL BONGONI KOMARAJAH BONGONI

No. 2420914685 الرقم ٢٤٢٠٩١٤٦٩٥

DOB 26/02/1980 تاريخ الميلاد ١٤٠٠/٠٤/١٠

Exp 09/06/2021 تاريخ الانتهاء ١٤٤٣/٠١/٠١

النوع خاصة  
الجنس ذكر

اللقب بنو فيود

2420914685

KINGDOM OF SAUDI ARABIA  
MINISTRY OF INTERIOR

رخصة إقامة  
RESIDENT IDENTITY

المملكة العربية السعودية  
وزارة الداخلية

VENUGOPAL BONGONI KOMARAJAH BONGONI  
فينو جوبال بنجني قمر ايه بنجني

الرقم ٢٤٢٠٩١٤٦٩٥ نسخة ١

مكان الإصدار حفر الباطن

التاريخ ١٩٨٠/٠٢/٢٦ الميلاد ١٤٤٣/٠٢/٢٠

اللقب سائق خافز

الجنسية الهند

صاحب العمل لقيمه صالح بن رشيد الغفزي

2420914685







The Singareni Collieries Company Limited

(A Government Company)

**MINES VOCATIONAL TRAINING RULES, 1966**

(MINESACT, 1952) module - B - c

FORM-A

Mine: MCCP Mine Code: ..... Batch No. 20/2015 SI No. 13  
Design: Dumper Operator Design Code: ..... Cert. No. 236 Relay: .....

**CERTIFICATE OF BASIC TRAINING**

(To be kept in the custody of the Colliery Manager/Training Officer)

I hereby certify that Shri B. Venu Gopal Empl. Code: .....  
S/o Komuriah Village H. No. 26-03-1151  
Post Vidya Nagar Gore Mandal Ramagundam  
Police Station I Town Gore  
Dist Kavim Nagar State Telangana  
has between 7.09.2015 and 30.11.2015 duly  
undergone the BASIC TRAINING Training required under Rule -6 Chapter III of the Mines  
Vocational Training Rules, 1966 for Persons to be employed below ground in a Mine. (Category I) Supdt of Mines  
MCCP, RG-I.



No. of musters 12 + 482 = 60 days  
Instructor S. Vijay Kumar  
Date 30.11.2015

5-11-12  
Training Manager  
MVC/Manager  
MVC/RG.I  
Agent

B. Venu Gopal  
Signature / LTI of Worker

## FORM - O

(See Rule 29F (2), and 291)

Report of Medical Examination under Rule 29 B.

(To be Issued in Triplicate) \*\*

Certificate No. 131

Certified that Shri / Smt. B. VENU GOPAL S/O. KOMUREAH employed  
as Dumper op in MOCF Mine, Form P.No. has been examined for an initial /  
periodical \* medical examination. He / She\* appears to be DOB 26.02.80 Age 35 years  
of age. The findings of the examining authority are given in the attached sheet. It is considered that  
Shri / Smt\* B. VENU GOPAL S/O. KOMUREAH

(a)\* is medically fit for any employment in mines.

(b)\* is suffering from ..... and is medically unfit for

(i) any employment in mine; or

(ii) any employment below ground, or

(iii) any employment or work .....

(c)\* is suffering from ..... and should get this disability \*

cured / controlled and should be again examined within a period of ..... months.

\*He / She will appear for re-examination with the result of test of

..... and the opinion of .....

Specialist from ..... He / She\* may be permitted / not \* per-

mitted to carry on his duties during the period.

Place: A.H. 26.Date: 16/6/15

Fit to work as contract worker  
a) Dumper Operator  
**FIT**

Signature of the examining  
authority

Dy. Med. Supdt.

I/c. IME/PME-Cell

Name of the Hospital in Block letters

\* Delete whatever not applicable.

\*\* one copy of the certificate shall be handed over to the person concerned and another copy shall  
be sent to the manager of the mine concerned by registered post; and the third copy shall  
be retained by the examining authority.





(to be filled in for every medical examination whether initial or periodical or re-examination or after cure/control of disability.)

**Identification Marks :**

Left hand thumb impression of the candidate

#### 4. Eyes :

Right eye 6/6 Left eye 6/6

v) Squint 2

5. Ears: Nois chre

ii) Any organic disease - 20

### Chest measurement

iii) any organic disease

i) Blood pressure 130/80 mmHg

iii) any organic disease: - S.I.H.D

Liver

### Turnour