



SHAIJI JOSEPH

OPERATIONS EXECUTIVE

CONTACT

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EDUCATION

- 2017 - 2021
- MANGALORE UNIVERSITY
- Bachelor of Commerce

SKILLS

- Quick Books
- Business Setup
- Visa Process
- Time Management
- Process Management
- Public Relations
- Multi Tasking

LANGUAGES

- English
- Hindi
- Malayalam
- Kannada
- Tamil
- US Visa and driver's license holder

PROFILE

Detail-oriented Operations Executive with 2+ years of experience in company formation, licensing, visa processing, and health insurance claims. Skilled in PRO coordination, Ejari management, bookkeeping, and compliance. Proven ability to streamline administrative processes and support client onboarding efficiently in corporate and healthcare sectors across Dubai and India.

WORK EXPERIENCE

- APTECH STAFFING SOLUTIONS L.L.C, Houston, U.S.A**
Operations Manager SEP 2024 - APR 2025
 - Managed daily IT staffing operations, hiring developers, engineers, and other tech roles.
 - Led recruiters to improve hiring speed, quality, and team performance.
 - Collaborated with clients to meet technical hiring needs with suitable candidates.
 - Ensured compliance, tracked hiring metrics, and supported workforce planning.
- COHUB CORPORATE SEVICES L.L.C, Dubai** Apr 20222 - Jul 2023
Operations Executive
 - Support company setup, license renewals, and changes in Mainland (DED).
 - Guide clients through setup steps and handle documentation.
 - Coordinate with DED, MOHRE, GDRFA, and Municipality via PRO services.
 - Prepare and submit applications for licenses, visas, labor cards, and Emirates IDs.
 - Manage full visa process including medicals, ID, and stamping.
 - Handle Ejari registration, renewal, and cancellation.
 - Liaise with landlords and business centers for lease compliance.
 - Maintain client records and update internal systems.
 - Manage tenancy contracts, trade name reservations, approvals, and financial compliance.
- COGNIZANT TECHNOLOGY SOLUTIONS, Bangalore**
Process Executive Mar 2021 - Sep 2021
 - Processed health insurance claims and conducted investigations.
 - Maintained a 98% quality standard in claims resolution.
 - Handled applications and codes in CPT, ICD-10, and HCPCS systems.
 - Verified deductibles, co-pay, co-insurance, and reimbursements.
 - Investigated overpayments and fund requirements.