# K6427664<7IND9005215M2209265<<<<<<<<< P<INDRAJPUT<<DINESH<SINGH<<<<<<<<<<<<<



PRADES

21/05/1990

भारत गणराज्य REPUBLIC OF INDIA



इसके दुवारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सभी से जिनका इससे संबंध हो, अनुरोध एवं अपेक्षा की जाती है कि वे धारक को बिना किसी रोक-टोक के स्वतंत्र रूप से आने-जाने दें, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें जिसकी उसे आवंश्यकता हो ।

THESE ARE TO REQUEST AND OF INDIA ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD HIM OR HER. EVERY ASSISTANCE PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से

BY ORDER OF THE PRESIDENT OF THE REPUBLIC OF INDIA



Debons वी.एस. देवोराह V. S. DEBORAH अधीक्षक/Superintendent पासपोर्ट कार्यालय, हैदराबाद Passport Office, Hyderabad.



New Zealand Immigration Act 2009

Work Visa

139 78682

Others included: Family, Given names: Client Number: Number of Entries: Start Date: Multiple 57669324 17/Mar/2017 Rajput, Dinesh Singh

Expiry date travel: 17/Mar/2018

Visa expiry:

17/Mar/2018

First entry before:

NA

deportation. Holder may work for any employer in any occupation in New Zealand. Financial Passport No: K6427664 support evidence not required. Return onward ticket not required IMMIGRATION Stay subject to grant of entry permission. You must leave before visa expiry or face Sex: Male Date of Birth: 21/May/1990 Citizenship: IN

Conditions:

Others included:

NEW

K6427664<7IND9005215M1803172<<<<<<<<< V<NZLRAJPUT<<DINESH<SINGH<<<<<<<<<<<<<

वीज़ा / VISA

### पंजीकरण

विदेशों में रहने वाले भारतीय नागरिकों को सलाह दी जाती है कि वे निकटतम भारतीय मिशन/ केन्द्र में अपना पंजीकरण करवाएं।

# चेलावनी

यह पासपोर्ट भारत सरकार की सम्यक्षि है। इस पासपोर्ट के बारे में किसी पासपोर्ट अधिकारी से इसके धारक को बदि कोई सुचना मिलती है। जिसमें पासपोर्ट लीटाने की मांग भी जागिल है तो उसका तुरंत अनुपालन किया बाए।

यह पासपोर्ट डाक द्वारा किसी भी देश से बाहर न भेजा जाए । यह पासपोर्ट धारक या उसके द्वारा प्राधिकृत व्यक्ति के कब्जे में ही होना चाहिए । इसमें किसी भी प्रकार का फेरबदल या विकृति नहीं की जानी चाहिए।

पासपोर्ट गुप हो जाने, चोरी हो जाने अथवा नष्ट हो जाने पर उसकी सूचना भारत में सबसे निकटनम पासपोर्ट अधिकारी को अथवा बढ़ि पासपोर्ट धारक बिटेश में है तो निकटनम भारतीय मिञ्चन/केन्द्र और स्थानीय पुलिस को तरकाल दी जानी चाहिए । विस्तृत पुछताछ के बाद ही इप्लीवेट पारापोर्ट जारी किया जाएगा ।

# REGISTRATION

INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

# CAUTION

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY THE HOLDER FROM A PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORISED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF THIS PASSPORT SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR IF THE HOLDER IS ABROAD, TO THE NEAREST INDIAN MISSION/POST AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A DUPLICATE PASSPORT BE ISSUED.



iten / angil asfluras an ara / Name of Father / Legal Guardian

**THAKUR** 

# COLONY 4, NAVANAGAR

# **ALAVANCHA, KHAMMAM** N:507115

with Date and Place of Issue gard grandt an d. an emilie and grad grad grad an emilie

PRADESH

ANDHRA

2667 S 'n 061 N Ϋ́





# NEW ZEALAND DRIVER LICENCE

DRIVER IDENTITY INFORMATION

Version 588

Surname RAJPUT First Names

Licence

First Names
DINESH SINGH

Date of birth 21-05-1990

DT454966

R. Diest

Address 2-22A ARABI STREET SANDRINGHAM AUCKLAND

1041



.

K

# CONDITIONS

Must be accompanied by supv (except moped/ATV) Correcting lenses must be used while driving

# C/E

# NEW ZEALAND DRIVER LICENCE DRIVING ENTITLEMENT INFORMATION

CLASS/ENDO	ISSUED	EXPIRES
1	13-10-2016	13-10-2026

PLAGARD126017

.

# **IN-CONFIDENCE WHEN COMPLETED**



Criminal Records Unit Ministry of Justice National Office P O Box 2750 WELLINGTON

P	ri	v/	F	2
		VI	Г	

For Office Use Only

MoJ Request Number

# REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY				
I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:				
Pre-emple	oyment vetting	Tick the report required:		
		All convictions report Traffic Convictions Report		
Insurance	e Claims vetting	Signature of subject and date		
Other (spe	ecify)	x R. Oineshf. x 31-07-17		
		I wish to receive a copy of the		
		information provided to the Third party.  Yes / No Yes		
	SECTION 2: THIRD	PARTY DETAILS		
Third Party Name [				
Full Name of Thir				
T dil Ivallie ol Illin	a raity			
F. II.				
(if applicable)	dress of the person or agency the third	party is acting for Third Party Reference Number (if applicable)		
Visionstream Pty Lt	rd	(ii appricable)		
violonaroam i ty Et				
Third Party Addres	s Details			
P.O. Box or Street Address	Level 6, 8 Hereford Street	Signature of Third Party		
Street Address		V		
Culhamb		X		
Suburb	Freemans Bay			
City	Auckland			
State / Province				
Post Code	1011			
Country	New Zealand			

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

		— SECTION 3	: SUBJECT	T'S DETAILS (Please	print in pen)		
Personal Detail	ls			<u> </u>	pinit in pony	Priv/	F2
Surname		First Name	М	iddle Names (separat	e by comma)		
RAJPUT		DINESH SIN	IGH				
Date of Birth (Do	D/MM/YYYY)	Place of Birth	Geno	der (Male / Female)			
21/05/199	90	INDIA	MP	HLE			
Previous Name	s - Maiden N	lame, Aliases					
Surname		First Name	Ŋ	Middle Names (separa	ate by comma)		
							]
							7
							7
							- ]
Postal Address				Current Resident	tial Address		_
P.O. Box or Street Address	11514	DOMINION 1	POAN	Street Address	1/1514	DOMINION ROAD	7
Street Address	_	TENTION	COM		,	TENTION	
Suburb		ROSKILL		J   Suburb	MT. Ro		_ _
				7			_ _
City		LAND		City	AUCKLI		_
State / Province	AUCI	KLAND		State / Province	AUCKL	AND	J
Post Code	1041			Post Code	(04)		]
Country	NEW	ZEALAND		Country	NEW	ZEALAND	
				Daytime Phone I	Number		٦
				Home Phone Nu	umber		7
				Fax Number	Г		7
Previous Two R	esidential A	ddresses					
Street Address				Street Address			
Suburb				Suburb			]
City				City			]
State / Province				State / Province			]
Post Code				Post Code			]
Country				Country			]

Subject's Identification	3: SUBJECT'S DETAILS (continu	<u>ea,</u>	Priv/F2
Please attach a photocopy of the subject's ic not hold a driver licence, a Passport. If subje	ntification. The identification may b has neither, the subject will need t	e a Driver Licen to complete Sect	ce OR if subject does tion 4.
Driver Licence			Passport

	SECTION	4: PROOF OF IDENTITY
ONLY TO	O BE COMPLETED IF SUBJECT D	DOES NOT HAVE A DRIVER LICENCE OR PASSPORT n confirm their identity to fill in this section
The person who	identifies subject must:	
<ul><li>have known subject for more than 12 months</li><li>be aged 18 years or over</li><li>have a day time phone number</li></ul>		<ul><li>not be a relative</li><li>not live at the same address</li><li>be contactable during normal business hours</li></ul>
Surname	First Name	Middle Names (separate by comma)
Street Address		Daytime Phone Number
Suburb		Home Phone Number
City		
State / Province		Fax Number
Post Code		
Country		
I doologo that I ha	nya nagazarih kanya	
	ave personally known:	
Surname	First Name	Middle Names (separate by comma)
		Signature of identifier
for	years and vouch for his/her identity	X
If subject is unat	ple to get someone to complete Sec	ction 4, they must complete a statutory declaration. The relevant

visionstre	2100	o-Contractor nal Information	
	Pe	r Individual	
Personal Details *Note: A digital Portrait provided for each indivi Photograph).	photograph is to be idual (Typical Passport	Company  Role Description	FABRIL SOLUTION LTD TELE COMMUNICATION LEAD TECHNICIAN
First Name Last Name  Date of Birth Address Line 1 Address Line 2 Post Code Email Address Mobile Number	DINESH SINGH  RAJ PUT  21-05-1990  1514  DOMINION ROAD EXTENTION  1041  clinch sigh raj puth Egmail  022 319 7844	Postal Address Line 2	Y 1514 DOMINION ROA EXTENTION MT. ROSKILL
First Name Other Name Last Name Relationship Physical Address Line 1 Physical Address Line 2 Suburb State Post Code Phone Number Mobile Number	SUDHEER REDDY  MADHI REDDY  FRIENT  SO MT ROSKILL  1041  022453 3623	First Name Other Name Last Name Relationship Address Line 1 Address Line 2 Suburb State Post Code Phone Number Mobile Number	JULURU FRIEND

Signature:

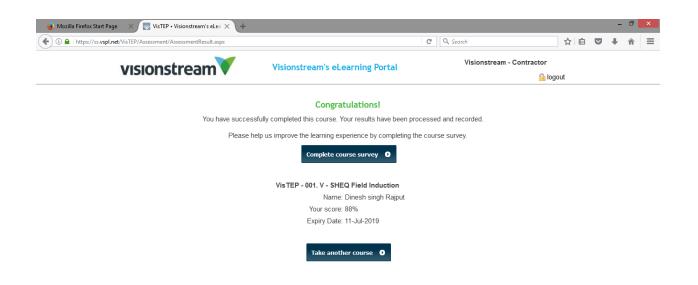
By not completing all of the fields in this form, I acknowledge that I have either declined to, or am unable to, provide the missing details above requested by Visionstream for use in the VisRES database.

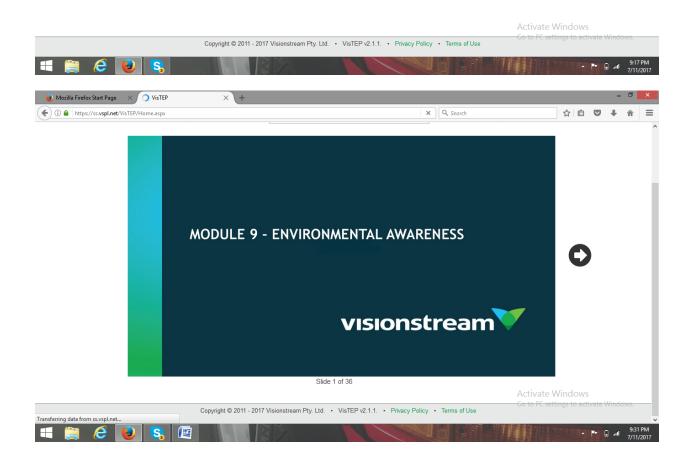
All information on this form is subject to the Company's Privacy Policy, will only be used for Business Purposes, and will not be released to any third party

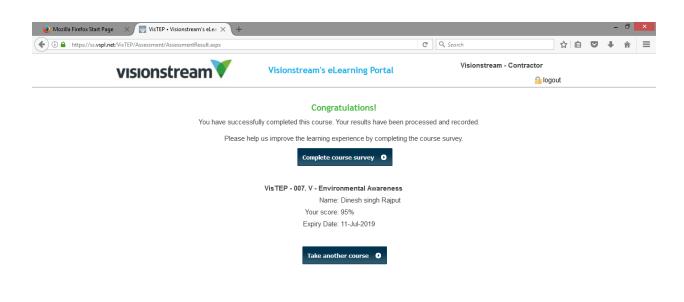


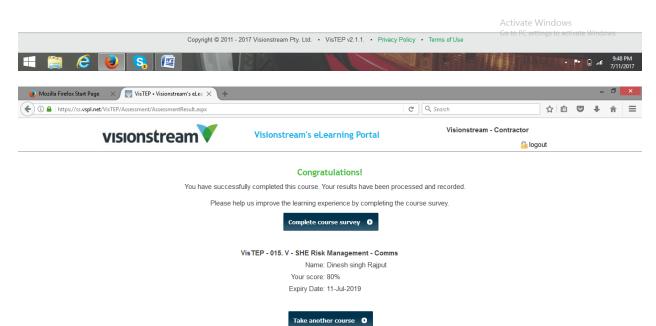
# FIELD WORKFORCE INFORMATION SHEET (Part A)

			SHEET (Part A)
Contracting Co	mpany Name: <u>FAB</u>	RIL SOLUTION	NS LTD
TOTAL numb	er of Field Workforce In (On average -	formation Packs requi 1 per 4 crew members)	ired:
List nam	es and details of all wor effective	kers engaged to work e 1st May 2015	for Visionstream
First Name	Last Name	NZQA Registration Number OR Date of Birth (for NZQA registration purposes)	MAIN Role Description (select ONE role description from the Competencies Passport Matrix)
	TFW		
	/		







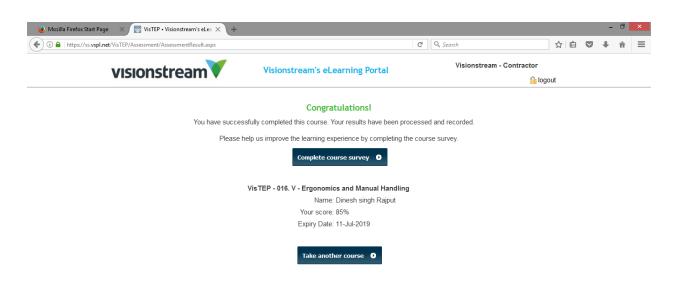


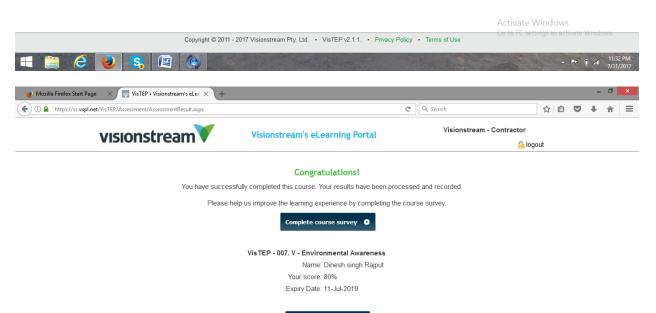
# Activate Windows

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Go to PC settings to activate Windows.

Go to PC settings to activate Windows.





# Activate Windows

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Go to PC settings to activate Windows.

11:38 PM
7/11/2017

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