

مكتب جميل احمد الهند

APPLYING FOR

FRESH
HOUSE
DRIVERسائق منزل
جديد

وظيفة

SALARY

1400 SR

راتد

WORK EXPERIENCE

العمل خبرة في

06.YEARS EXPERIENCE IN-(INDIA)

06. سنوات من الخبرة في (الهند)



السيرة الذاتية CV

MUSANED IN IDEAL

SAUDI ARAB- SECTOR(-OPEN)

FULL NAME	NAJIM	بالكامل الاسم
AGE	35. YEARS	العمر
RELIGION	MUSLIM	دين مسلم
MARRITAL STATUS	MARRIED	الحالة الاجتماعية
PASSPORT NO.	V7642860	السفر جواز رقم
PASSPORT TYPE	ECR	السفر جواز نوع
NATIONALITY	INDIAN	جنسية
DATE OF BIRTH	01/01/1988	الولادة تاريخ
PLACE OF BIRTH	VIGYANA, UTTAR PRADESH	الولادة مكان
PLACE OF ISSUE	GHAZIABAD	صدوره مكان
DATE OF ISSUE	01/04/2022	المسألة تاريخ
DATE OF EXPIRY	31/03/2032	الانتهاء تاريخ
ADDRESS	VIGYANA , MUZAFFARNAGAR	تبوك
LANGUAGES	HINDI.	اللغات
MEDICAL STATUS	FIT- 10/12/2023	الطبية الحالة
DRIVING LICENSE	INDIAN LICENCE	قيادة رخصة
MOFA FOR		الخارجية وزارة

OFFICE USE استخدام مكتبي



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP12 20220019840



Issue Date
18-08-2022

Validity (NT)
17-08-2032

Validity (TR)



Holder's Signature

Name: NAJIM

Date of Birth: 01-01-1988

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: IKBAL

Address:

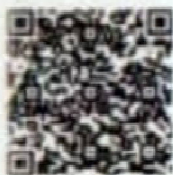
132, VILLAGE - VIGYANA, PS - BUDHANA,
MUZAFFARNAGAR, UP 251309

(18-08-2022)

Date of First Issue

DL No: UP12 20220019840

UPDL000009047859



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a

Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
	MCWG	UP12	18-08-2022	NT			
	LMV	UP12	18-08-2022	NT			

Emergency Contact Number

Licensing Authority
UP12 MUZAFFARNAGAR

Form 7 Rule 16(2)



EMIGRATION CHECK REQUIRED

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

IKBAL

माता का नाम / Name of Mother

SAHIDA

पति या पत्नी का नाम / Name of Spouse

पता / Address

132**VIGYANA, MUZAFFARNAGAR****PIN: 251309, UTTAR PRADESH, INDIA**

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

फाईल न. / File No.

GZ1066225019622**V7642860**

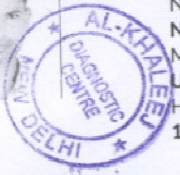


G.H.C. Code No.
01/11/03

GCC Slip No.
10410202361763046

Medical center name
Al-Khaleej Diagnostic Centre
Date examined
4/10/2023
Report expiry date
10/12/2023

CANDIDATE INFORMATION



Name
NAJIM -
Marital status
Unmarried
Height
171.0 cm

Passport No.
V7642860
Weight
65.0 kg

Age
35
BMI
22.23

Gender
Male
Passport expiry date
31/3/2032

Nationality
Indian
Phone
+916396517476

Traveling to
Saudi Arabia
Profession
Driver

MEDICAL EXAMINATION: GENERAL

Blood pressure 124/80
RR/min 16
Pulse/min 79

VISUAL ACUITY AIDED AND UNAIDED

Colour vision	Normal	Comments	WITH GLASS
DISTANT/AIDED			
Left eye 6/	9	Right eye 6/	6
DISTANT/UNAIDED			
Left eye 6/	9	Right eye 6/	6
NEAR/AIDED			
Left eye 20/	20	Right eye 20/	20
NEAR/UNAIDED			
Left eye 20/	20	Right eye 20/	20

HEARING

Left ear Normal Right ear Normal

SYSTEM EXAMINATION

General appearance	NAD	Cardiovascular	NAD
Respiratory	NAD	ENT	NAD
GASTRO INTESTINAL		Hernia	NAD
Abdomen (Mass, tenderness)	NAD		
GENITOURINARY		Hydrocele	NAD
Genitourinary	NAD		
MUSCULOSKELETAL		Back	NAD
Extremities	NAD	C.N.S.	NAD
Skin	NAD		
Deformities	NAD		

MENTAL STATUS EXAMINATION

APPEARANCE

Appearance NAD Speech NAD
Behaviour NAD

COGNITION

Cognition NAD Orientation NAD
Memory NAD Concentration NAD
Mood NAD Thoughts NAD
Others Remarks

INVESTIGATION

Chest X-Ray NAD Comment

LABORATORY INVESTIGATION

BLOOD

Blood group O+ Haemoglobin g/dL 15.2

THICK FILM FOR

Malaria Absent Micro filaria Absent

BIOCHEMISTRY

R.B.S 110.0 L.F.T Normal
Creatinine 0.92

SEROLOGY

HIV1&II Negative HBs Ag Negative
Anti HCV Negative VDRL Negative
TPHA (if VDRL positive) Negative

URINE

Sugar Negative Albumin Negative

STOOL

ROUTINE

Helminthes Absent OVA Absent
CYST Absent Others

VACCINATION STATUS

Polio	Yes	Date	
MMR 1	Yes	Date	04/10/2023
MMR 2	Yes	Date	
Meningococcal	No	Date	
COVID-19	No	Date	

Remarks



Mentioned above is the medical report for Mr./Ms. NAJIM who is Fit for the above mentioned job according to the GCC criteria

Dr. SALIM NIZAMI

Doctor's name

Signature



Al-Khaleej Diagnostic Centre
N-2, 11nd Floor, Above SBI Bank,
South Extension Part-II
New Delhi-110049
Ph. No.: 011-438660440 / 41646577

