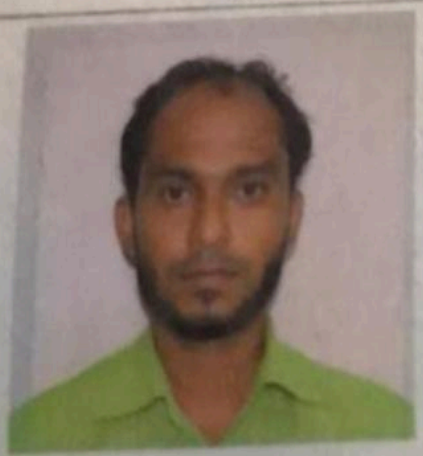
भारत गणराज्य REPUBLIC OF INDIA



टाईप / Type
P

राष्ट्र कोड / Country Code
IND

पासपोर्ट नं. / Passport No.
M9041857

उपनाम / Surname
MOOKENI ABDULKADAR

दिया गया नाम / Given Name(s)
MOHAMMED HASHIM

राष्ट्रीयता / Nationality
INDIAN

लिंग / Sex
M

जन्म तिथि / Date of Birth
12/12/1984

जन्म स्थान / Place of Birth
ANTHIKAD, KERALA

जारी करने का स्थान / Place of Issue
COCHIN

HASHIM.MA

जारी करने की तिथि / Date of Issue
19/05/2015

समाप्ति की तिथि / Date of Expiry
18/05/2025

P<INDMOOKENI<ABDULKADAR<<MOHAMMED<HASHIM<<<<

M9041857<6IND8412128M2505185<<<<<<<<<<<<<<<6

विविध सेवा / MISCELLANEOUS SERVICE

टिप्पणी / OBSERVATION

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

ABDULKADAR

माता का नाम / Name of Mother

FATHIMA

पति या पत्नी का नाम / Name of Spouse

RUBEENA MOHAMMED HASHIM

पता / Address

MOOKENI HOUSE

PADIYAM PO,MUTTICHUR,THRISSUR

PIN:680641,KERALA,INDIA

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

F2635854 12/05/2005 COCHIN

फाईल नं./ File No.

C05078509728115

MOHAMMED HASHIM

E-mail: muhammedrazirazi1@gmail.com
Cell: +91 9747033094
Mookeni House, Padiyam PO, Muttichur
Thrissur-680641, Kerala, India

Carrier Objective : **To take up assignments and shoulder responsibilities of merchandising and sales functions in an organization. Multi-level abilities and achieve performance goals successfully.**

Able to adapt to new and challenging work environment, process excellent administration, communication and interpersonal skills

Carrier Summary : **An ambitious, highly motivated and energetic merchandiser with selling skills. Experience of managing sales and merchandising for established retail outlets, franchises and international brands. A results oriented professional with a proven ability to get results, generate revenue, improve service as well as reduce costs. Over 7 years merchandising and sales working in competitive industries and successfully identifying, developing and managing new business opportunities within these markets**

Qualifications;

Educational : •S S L C

Professional Experiences

Duration : ***April 2007 to January 2015***
Organization : ***LULU GROUP INTERNATIONAL (LULU HYPER MARKET)***
Designation : ***IKON MERCHANDISER in Electronic Section***
SALESMAN in Health & Beauty Section

LULU GROUP INTERNATIONAL (LuLu Group) is a highly diversified conglomerate with successful business entities in strategic locations worldwide.

Responsibilities:

- To display and express detail about new product.
- It helps to create eye-catching product displays and store layouts for retail shop
- To attract customers about product in an effective and creative way and encourage them to buy
- Developing an innovative medium to present product in 3D environment, there make able long lasting impact and recall value
- Prevent Excess material
- Reduce Cost
- To promote overall retail store image in consumers mind.
- Make Merchandise easily to locate in the retail shop
- To express store decoration exterior and interior presentations are used

- To get an exclusive position for company
- It is the combination of creativity ,technical knowledge and operational aspects of merchandise and the business
- Ensure the customer to take the purchase decision within shortest time

KEY STRENGTHS

Languages : **English, Hindi, Arabic, Malayalam and Tamil**

Others : **Optimistic, Diligent & Perfectionist.**
Highly determined

PERSONAL DATA

D.O.B : **12th December 1984**
Gender : **Male**
Nationality : **Indian**
Marital Status : **Married**
Passport No : **M9041857**

REFERENCE

Professional references will be provided up on request

DECLARATION

I hereby declare that the information furnished above is true and complete to the best of my knowledge and belief.

MOHAMMED HASHIM

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

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

Certificate ID 46378473638

Beneficiary Details

Beneficiary Name / ഗുണഭോക്താവിന്റെ പേര്	**Mohammedhashim M A**
Age / വയസ്	**37**
Gender / ലിംഗം	**Male**
ID Verified / പരിശോധിച്ച ഐഡി	**Aadhaar # XXXXXXXX4528**
Unique Health ID (UHID)	**13-2838-1724-2644**
Beneficiary Reference ID	**38271753250610**
Vaccination Status / വാക്സിനേഷൻ നില	**Fully Vaccinated (2 Doses)**

Vaccination Details

Vaccine Name / വാക്സിന്റെ പേര്	**COVISHIELD**	
Vaccine Type / വാക്സിൻ തരം	**COVID-19 vaccine, non-replicating viral vector**	
Manufacturer / നിർമ്മാതാവ്	**Serum Institute of India Pvt. Ltd.**	
Dose Number / ഡോസ് നമ്പർ	**1/2**	**2/2**
Date of Dose / ഡോസ് സ്വീകരിച്ച തീയതി	**05 Aug 2021**	**02 Nov 2021**
Batch Number / ബാച്ച് നമ്പർ	**4121Z129**	**4121MC125**
Vaccinated By / വാക്സിൻ നൽകിയത്	**Alphonsa K P**	
Vaccination At / വാക്സിൻ സ്വീകരിച്ച സ്ഥലം	**Vadanappally CHC, Thrissur, Kerala**	

"മരുന്നും കർശനനിയന്ത്രണങ്ങളും
Together, India will defeat COVID-19"

- പ്രധാനമന്ത്രി നരേന്ദ്ര മോദി

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

എന്തെങ്കിലും പ്രതികൂല സംഭവങ്ങളുണ്ടെങ്കിൽ, അടുത്തുള്ള പ്രാഥമിക ആരോഗ്യ കേന്ദ്രം / ആരോഗ്യ പ്രവർത്തകർ / ജില്ലാ ഇമ്മ്യൂണൈസേഷൻ ഓഫീസർ/ സ്റ്റേറ്റ് ഹെൽപ്പ്ലൈൻ നമ്പർ 1075 എന്നിവരിൽ ബന്ധപ്പെടുക

COWIN
Winning Over COVID

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