### **AKHIL.S**

@ akhilsudhi93@gmail.com



♠ AMBI, THEKKATHIL , KARIKKAL , KARIMPINPUZHA , (P.O)PUTHOOR, KOLLAM 691507



### Personal Details

Date of Birth : 28/05/1993

Marital Status : Single

Nationality : Indian

Father's name : R.Sugunan

Languages known : English, Tamil ,Malayalam

Passport no. : N4129197
Licence no. : 24/5595/2011

M/C with gr : 22/08/2011 ALA , KTRA

LMV : 22/08/2011 ALA , KTRA

### **S** Education

HS KUZHIKKALIDAVAKA, KARIMPINPUZHA (P.O)

2008

SSLC

VVANTA TAJ, TRIVANDRUM

2013

HOTEL MANAGEMENT

### Experience

DAMU AND SONS (DAMU AGENCIES) KOTTARAKKARA

2014-2016 Sales Officer Worked for 3 years

SREELEKSHMI CASHEW COMPANY, KOLLAM

2016-2021 Office Staff Still working

### Objective

I seek challenging opportunities where I can fully use my skills for the success of the organization.





### 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 67574911182

### **Beneficiary Details**

Beneficiary Name Akhil S

Age 28

Gender Male

ID Verified Aadhaar # XXXXXXXX9919

Unique Health ID (UHID) 45-1032-5580-4444

Beneficiary Reference ID 17697924788260

Vaccination Status Fully Vaccinated (2 Doses)

### Vaccination Details

Vaccine Name COVISHIELD

Vaccine Type COVID-19 vaccine, non-replicating viral vector

Manufacturer Serum Institute of India

Dose Number 1/2 2/2

Date of Dose 2021-06-18 2021-09-26

Batch Number 4121MC004 4121MC084

Vaccinated By Sheena Susuan Samuel

Vaccination At SN Puram FHC



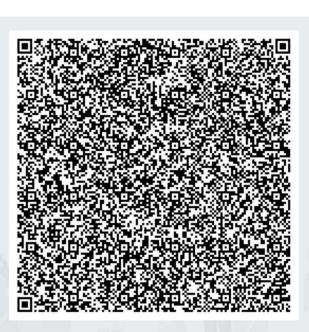
Together, India will defeat COVID-19"

- Prime Minister Narendra Modi

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







## No. H 549945

### (Issue) under the Authority of the Government of Kerala) SECONDARY SCHOOL LEAVING CERTIFICATE GE VERAL EDUCATION DEPARTMENT

H S KUZHIKKALIDAVAKA, KARIMPINPUZHA P O

Name of School

Admission No. 2845

Name AKHIL, S

Nar ie in Regional Language അഖിൽ. എസ്

28/05/1993 MALE

Date of Birth (in figures) (in words) TWENTYEIGHTH MAY NINETEEN NINETY THREE

Religion and Caste (as per the HINDU, EZHAVA

Place of Birth Admi sion Register of the School)

INDIAN

KUNDARA

L. PRASANNA

R. SUGUNAN

). Nar 1e of Mother

Nar ie of Father

Nat onality

0. Name of Guardian

R. SUGUNAN

1. Hor ie Address (as specified in the AMBI, THEKKATHIL, KARIKKAL, KARIMPINPUZHA P.O., PUTHOOR, KOLLAM - 691 507.

2. Ide itification Marks

Adm ssion Register of the School at the time of Admission)

A BLACK MOLE ON THE LEFT PALM.

BLACK MOLE ON THE RIGHT SHOULDER

Maitha Vasanth 909





# GOVERNMENT OF KERALA Addust & page of birth corrected as 2.81.61.173. as pe

SECONDARY SCHOOL LEAVING CERSON STORMS OF Name: AKHIL, S for Government Ex M.I. SUKUMARA

Register Number: 473711 This is to certify that the candidate herein has appeared for the SSLC Examination and secured the follow Month & Year : MARCH 2008 No. of Cha

60

29 00

First Language Paper - II Eirst Language Paper - II Eirst Language Paper - II English English Hindi Social Science Physics Chemistry Biology	B B B C C C C C C C C C C C C C C C C C
First Language Rapci-lam	В
First Language Paper - II Malayalam	В
English	D+ ·
Hindi	С
Social Science	С
Physics	С
Chemistry	С
Biology	C+
Mathematics	С
Information Technology	S. COLOR S.

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70% -79%	80% -89%	90% and above
Very Good	Excellent	Outstanding
c	-0+	В
40% - 49%	50% - 59%	60% - 69%
Average	Above Average	Good
E	D	D+
Below 20%	20% - 29%	30% - 39%
Need L	Need L	Margin

560

(i) Grades are on nine-point scale

(ii) Minin for higher study is D+ Grade for each Paper

M.I. SUKUMARA

### भारत गणराज्य REPUBLIC OF INDIA



टाईप / Type

7 Type

राष्ट्र कोड / Country Code

पासपोर्ट नं. / Passport No.

N4129197

उपनाम / Surname SUGUNAN

दिया गया नाम / Given Name(s)

AKHIL

राष्ट्रीयता / Nationality

लिंग / Sex

Tare of Birth

INDIAN

M

28/05/1993

जन्म स्थान / Place of Birth

KUNDARA, KERALA

जारी करने का स्थान / Place of Issue

TRIVANDRUM

जारी करने की तिथि / Date of Issue

समाप्ति की लिखि / Date of Expiry

26/10/2015

25/10/2025



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

### SUGUNAN

माला का नाम / Name of Mother

PRASANNA

पति या पत्नी का नाम / Name of Spouse

पता / Address

AMPITHEKKATHIL, KARIKKAL

KARIMPINPUZHA PO, KOLLAM

PIN: 691507, KERALA, INDIA

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

फाईल नं./ File No.

TV1068869179315