BIODATA

FAIZAL.K.T Kalamthodiyil House Palappuram P.O

Ottapalam, Palakkad

Kerala, India – 679103

Email: faizalkt9555@gmail.com

Ph No: +91 8138095055



Objectives

To pursue a challenging career that would provide me an opportunity to develop my Overall skills and knowledge and contribution to the growth of the company and myself.

Educational Details

✓ SSLC

Working Experience

✓ 1 year experience in Kottaram Heritage Hotel as a Housekeeping

Personal Skills

- ✓ Strong analytical and skills
- ✓ Keeping itself calm in the situation of conflict

Personal Traits

- ✓ Honest
- ✓ Positive mentality

Languages Known

- ✓ English
- ✓ Malayalam
- ✓ Tamil
- ✓ Hindi

Passport Details

Passport Number : T6683888

Place of Issue : Cochin

Date of Issue : 24-06-2019

Date of Expiry : 23-06-2029

Personal Details

Name : FAIZAL.K.T

Nationality : Indian

Date of Birth : 19-04-2001

Gender : Male

Marital Status : Single

Driving License : KL5120190016658

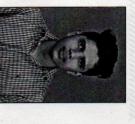
Class of Vehicle : MCWG, LMV

Declaration

I hereby declare that above mentioned statements are correct and true to the best of my knowledge and belief.

Place: Palappuram

Date : FAIZAL.K.T



GENERAL EDUCATION DEPARTMENT **GOVERNMENT OF KERALA**

SECONDARY SCHOOL LEAVING CERTIFICATE

Register Number: 328001

Month & Year: MARCH 2017 No. of Chances: 1

This is to certify that the candidate herein has appeared for the SSLC Examination and secured the following grades

Biology Information Technology Hindi First Language Paper - II (MALAYALAM) First Language Paper - I (URDU Mathematics Physics English Social Science Chemistry Subject Grades B+ 0 7 7 8 7 B+ B+ 4 7 Grades in words C PLUS **B PLUS BPLUS BPLUS** C PLUS D PLUS BONLY **CPLUS** CONLY **CPLUS**

9.

Nationality

13. Name of Guardian

KASIM.K.7

KASIM.K.T

14. Home Address

KALAMTHODIYIL, PALAPURAM, PALAPPURAM

679103,PALAKKAD

SSKP

15. Identification Marks

2. BLACK MOLE ON LEFT HAND

11. Name of Mother

12. Name of Father

10. Place of Birth

PALAPURAM

AISHA.K

INDIAN

00

Whether SC/ST/OEC/OBC/GL: OBC

0

Sex

7.

Religion & Caste

ISLAM, MUSLIM

MALE

in

Date of Birth (in figures)

: 19/04/2001

: NINETEENTH APRIL TWO THOUSAND ONE

(in words)

Admission No.

: 21294

NSSKPTH.S. OTTAPPALAM

w

Name of School

12

Name of Candidate

FAIZAL .K.T

Name in Regional Language : ഫൈസൽ കെ ടി

RANGE OF GRADES

| 9 | + | | + |
|--|---|-----------------|---|
| ibility for high | | 80% - 89% | 40 |
| er studies - Mi | : Very Good | : Excellent | 90% and above: Outstanding B 60% - 69% : Good |
| nim | C | 7 | B |
| um D+ gra | 40% - 49% | 50% - 59% | 60% - 69% |
| igibility for higher studies - Winimum D+ grade for each naner | : Very Good C 40% - 49% : Average E Below 20% : Need Impr | : Above Average | : Good |
| | E | D | +d |
| | Below | 20% - | D+ 30% - 39% : Marginal |
| | 20% | 29% | 39% |
| | 1 | | |

E B A A

ELIGIBLE FOR HIGHER STUDIES

LAL K. 18

SECRETARY

Name & Signature of the Head of School

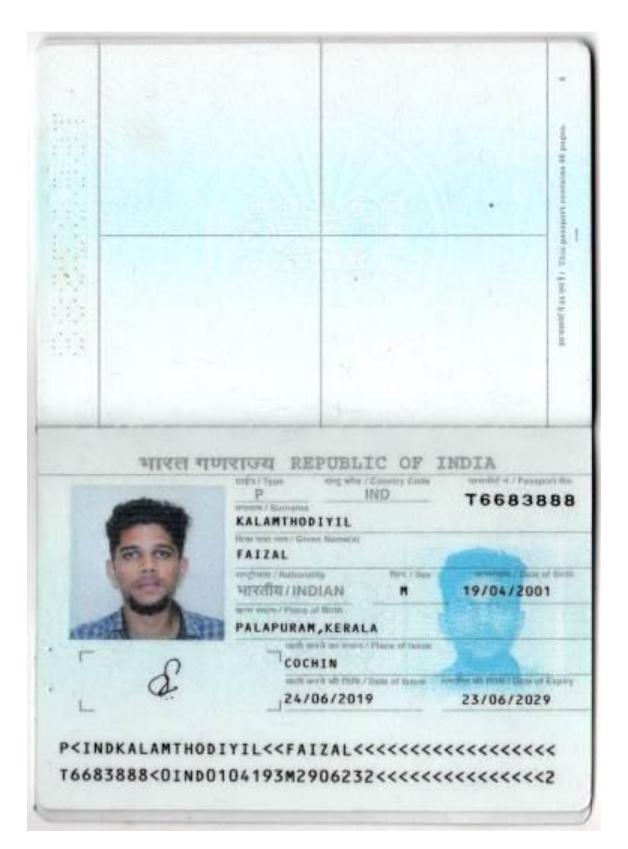
(School Seal)

The Contest



Date of Publication of Result: 05/05/2017

Board of Public Examinations, Kerala



| | | 1787 |
|--|--|------|
| | THE NAME OF THE OWNER, | 10 |
| | | |
| MCKEYALISHIO / GLASSIG | | 11,1 |
| | | 1. |
| | | |
| | | |
| | | 1.1 |
| | | |
| A STATEMENT STAT | 1985 | |
| | | |
| | | |
| | | |
| 3988 W. 28CH (2001) 200 C | | / - |
| 5989 (C. 2001) 200 (C. 2001) 2 | | 111 |
| 5980 E 200 (200 (200 (200 (200 (200 (200 (2 | | |
| Floor / worself and becomes one corn / Resource of Fathers / Legaci Securition KASIM KALAM THODIVIL | | |
| Place / weight softwaren we note I flame of Father / Legal Secondary KASIM KALAM THODIVIL HTT REL TOTAL / Highes of Matter | | |
| Floor / weight softwaren was not / Resource of Father / Legal Securition KASIM KALAM THODIVIL | | |
| From / weight softwarene was noted Placemen and Platform / Largest EssanceStann KASIM KALAM THODIVIL Terror and noted (Names) of Machine AISHA KUNJUMON Tells not noted (not noted) Machine and Especiation | | |
| From / worself softwarene was noted i Reserve of Fastisses / Legaci Sautestian KASIM KALAM THODIVIL THE THE THORI I REQUISE OF MACHINE AISHA KUNJUMON THE THE THE THE THE THE THE PROPERTY OF THE | Toosassa | |
| KASIM KALAM THODIVIL THE SET OF T | Toosassa | |
| From / worself cofferences was noted i flacture of Factors / Largest Societies of KASIM KALAM THODIVIL STORT FOR THOSE OF MARTINE AISHA KUNJUMON With all world yet used I Marries of Specieties WILL Addresses | Toosassa | |
| KASIM KALAM THODIYIL MISHA KUNJUMON WITH AND THE THOUSE, PALAPPURAM PO OTTAPPALAM, PALAKKAD PIN: 679103, KERALA, INDIA | T6683880 | |
| KASIM KALAM THODIVIL MISHA KUNJUMON WITH A CONTROL OF THOMAS AISHA KUNJUMON WITH A CONTROL KALAMTHODIVIL HOUSE, PALAPPURAM PO OTTAPPALAM, PALAKKAD | T6683880 | |
| KASIM KALAM THODIVIL THE PART OF THE PART | T6683880 | |
| KASIM KALAM THODIVIL MISHA KUNJUMON WITH THE THE THE THOUSE OF STREET OF STREET KALAMTHODIVIL HOUSE, PALAPPURAM PO OTTAPPALAM, PALAKKAD PIN: 679103, KERALA, INDIA | T6683880 | |



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 59522890294

Beneficiary Details

Beneficiary Name / ഗുണഭോക്താവിന്റെ പേര്

Age / വയസ്

Gender / ലിംഗം

ID Verified / പരിശോധിച്ച ഐഡി

Unique Health ID (UHID)

Beneficiary Reference ID

Vaccination Status / വാക്സിനേഷൻ നില

Vaccination Details

Vaccine Name / വാക്സിന്റെ പേര്

Vaccine Type / വാക്സിൻ തരം

Manufacturer / നിർമ്മാതാവ്

Dose Number / ഡോസ് നമ്പർ

Date of Dose / ഡോസ് സ്വീകരിച്ച തീയതി

Batch Number / ബാച്ച് നമ്പർ

Vaccinated By / വാക്സിൻ നൽകിയത്

Vaccination At / വാക്സിൻ സ്വീകരിച്ച സ്ഥലം

Faizal kt

20

Male

Aadhaar # XXXXXXXXX3884

37-1768-8150-0545

29611715264340

Fully Vaccinated (2 Doses)

COVISHIELD

COVID-19 vaccine, non-replicating viral vector

Serum Institute of India Pvt. Ltd.

1/2

2/2

2021-08-31

2021-11-23

4121AA003M

4121P158

Mini.P JPHN

Lakidi PHC, Palakkad, Kerala



"മരുന്നും കർശനനിയ ന്ത്രണങ്ങളും

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 ഇമ്യൂണൈസേഷൻ ഓഫീസർ/ സ്റ്റേറ്റ് ഹെൽപ്പ്ലൈൻ നമ്പർ 1075 എന്നിവയിൽ ബന്ധപ്പെടുക





