

CURRICULUM VITAE

DEEPU B
POIKAVILA VEEDU,
KARICHIYIL,
ATTINGAL
TRIVANDRUM DIST.
KERALA, INDIA- 695101
Mob: +91 8907686871, +91 9567056474
Email Id:- deepudev4@gmail.com



Career Objective:

As an experienced driver, I would like to utilize my experience and years of hard work in implementing new practices and procedures in the field of driving. I would like to utilize my self-motivated approach in dealing with critical situation.

Personal Details:

Father's Name	:	Babu
Nationality	:	Indian
Gender	:	Male
Religion	:	Hindu
Date of Birth	:	28-07-1993
Marital Status	:	Married
Languages Known	:	English, Tamil & Malayalam

Educational Qualification:

- **SSLC**

Experience:

- **Four years of Experience as Driver in Dr.Molly M.Das Memorial Trust (V.V.Clinic) Attingal, Trivandrum**
- **3 months experience in Mowasalat, Qatar for World Cup 2022 as Taxi Driver.**

Passport Details:

- | | | |
|-------------------------|----------|-------------------|
| ➤ Passport No. | : | N0176518 |
| ➤ Date of Issue | : | 22-06-2015 |
| ➤ Date of Expiry | : | 21-06-2025 |
| ➤ Place of Issue | : | Trivandrum |

Computer Qualification:

- **Computer Basics**

Driving Licence :

Valid Indian Driving license No: 16/1871/2012

M/C with gear

3 wheeler

LMV

HPMV

HGMV

Non Transport Expiry Date : 29-03-2032

Transport Expiry Date : 04-03-2025

Skills:

- **Punctual**
- **Good Communication**
- **Hardworking in nature**
- **Team Management skills**
- **Communication skills**

Declaration:

I hereby declare that, the facts mentioned above are true and correct in the best of my knowledge and belief.

Attingal

DEEPU B

J - 236800

GENERAL EDUCATION DEPARTMENT
SECONDARY SCHOOL LEAVING CERTIFICATE
(Issued under the Authority of the Government of Kerala)

Name of School

GOVT. BOYS HIGH SCHOOL, ATTINGAL

Admission No. 23278

1. Name : DEEPU. B
2. Name in Regional Language : ഡീപു. ബി
3. Date of Birth (in figures) : 28/07/1993
(in words) : TWENTYEIGHTH JULY NINETEEN NINETY THREE
4. Sex : MALE
5. Religion and Caste (as per the Admission Register) : HINDU, EZHAVA
6. Whether belongs to SC/ST/OEC/OBC : OBC
7. Nationality : INDIAN
8. Place of Birth : ATTINGAL
9. Name of Father : BABU
10. Name of Mother : BABY
11. Name of Guardian : BABU
12. Home Address (as specified in the Admission Register) : POIKAVILA VEEDU, KARICHIYIL, ATTINGAL

13. Mode of Presentation : REGULAR

14. Identification Marks :

- (i) A MOLE ON THE RIGHT PALM.
(ii) A MOLE ON THE RIGHT SIDE OF THE FORE HEAD.

(School Seal)

Name & Signature of the Head of the
Institution with Date

GOVERNMENT OF KERALA



SECONDARY SCHOOL LEAVING CERTIFICATE EXAMINATION

Name : DEEPU. B

Register Number: 129479

Month & Year: MARCH 2009 No. of Chances: 1

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

Subject	Grade	Grade in words
First Language Paper - I (MALAYALAM.....)	B+	B Plus
First Language Paper - II (MALAYALAM.....)	B+	B Plus
English	C	C Only
Hindi	B	B Only
Social Science	C	C Only
Physics	C+	C Plus
Chemistry	C+	C Plus
Biology	C	C Only
Mathematics	C+	C Plus
Information Technology	A	A Only

GRADE RANGE

A+ 90% and above	Outstanding	B 60% - 69%	Good	D+ 30% - 39%	Marginal
A 80% - 89%	Excellent	C+ 50% - 59%	Above Average	D 20% - 29%	Need Improvement
B+ 70% - 79%	Very Good	C 40% - 49%	Average	E Below 20%	Need Improvement

Minimum Eligibility for Higher Study is D+ Grade for Each Paper

ELIGIBLE FOR HIGHER STUDIES

JOHNS V. JOHN

SECRETARY

Board of Public Examinations, Kerala

Date of Declaration of Result:

08/05/2009

3

पत्रिका सं. / Passport No.

Date of Birth
28/07/1993

Date of Expiry

[illegible]

विविध सेवा / MISCELLANEOUS SERVICE



N0176518

TV2068583367315



**INDIAN UNION
KERALA STATE
DRIVING LICENCE** FORM 7

No.: 16/1871/2012 Date: 20/10/2020

Name : DEEPU B

S/W/D of : BABU

Address : POIKAVILA VEEDU,
KARICHIYIL, ATTINGAL (PO),
TVPM PIN - 695101
MOB - 7736270957

Date of Birth : 28/07/1993

Blood Group : O+

Category

Valid from

Valid To

Non-Transport

30/03/2012

29/03/2032

Transport

05/03/2020

04/03/2025



Authorisation to drive the following vehicle class throughout India

Class of Vehicle

M/C with gr

3whlr

LMV

HPMV

HGMV



With effect from

30/03/2012

30/03/2012

06/01/2017

20/10/2020

20/10/2020

Testing Authority

LA,ATL

LA,ATL

LA,ATL

LA,ATL

LA,ATL

C 5336431

Date of First Issue : 30/03/2012

Badge No. & Date : 16/ 136/ 2020

05/03/2020



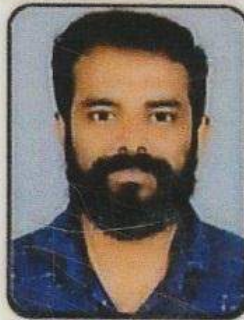
Signature of Holder

ANAS MOHAMMED M
ALA, ATTINGAL

**DR.MOLLY.M.DAS MEMORIAL TRUST
(V.V.CLINIC)**

V.V.CLINIC ROAD, ATTINGAL.P.O,
Trivandrum. Phone: 0470 2622258

ID CARD



Name : **DEEPU B**

Designation : DRIVER (D/W)

Blood Group: O+ve



President
Dr. VEENA M

DR. MOLLY. M. DAS MEMORIAL TRUST

(V.V.CLINIC) V.V.CLINIC ROAD, ATTINGAL P.O.

Phone: +91 470 2622258

THIRUVANANTHAPURAM DIST., KERALA- 695 101

Post Box : 4

To whomsoever it may concern

This is to certify that Mr DEEPU.B `s service was taken as a driver in this Hospital for 4 Years and 9½ Months at different spells put together from 02/03/2017 to 30/04/2017, 18/09/2017 to 31/01/2020 and 23/03/2020 to 25/06/2022.

For Dr. Molly M Das Memorial Trust (V.V.Clinic)

Attingal,

24-08-2022.



Dr: VEENA.M

President

DR. VEENA. M
PRESIDENT
Dr. MOLLY.M. DAS
MEMORIAL TRUST (V.V.CLINIC)
V.V. CLINIC ROAD, ATTINGAL
KERALA, PIN -695 101



12

STATE OF QATAR
MINISTRY OF INTERIOR
General Directorate of Passports



9

دولة قطر
وزارة الداخلية
الإدارة العامة للجوازات

Visa Number :	382022343414	Application Number:	VP2022186405
Date of Issue:	2022-07-27	Visa Validity :	2023-01-23
Description of Visa owner :	Passport Holder	Visa Type :	WORK-YEARLY RESIDENT
Purpose of Visa :	WORK	Duration of Residence:	2 - YEAR
Name :	DEEPU BABU BABU		
Nationality :	INDIA	Gender :	Male
Passport Number / Type :	N0176518 NORMAL	Passport Validity:	2025-06-21
Date of Birth:	1993-07-28	Profession :	DRIVER
Sponsor Name:	MOWASALAT		

الاسم : ديبز بابو بابو

Mob NO : 30641827

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 29335645827 الرقم الشخصي:
D.O.B.: 28/07/1993 تاريخ الميلاد:
Expiry: 26/08/2024 الصلاحية:
Nationality: INDIA الجنسية:
Occupation: سائق المهنة:

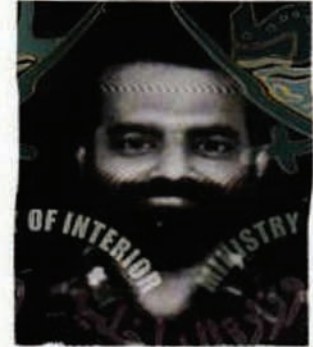


الاسم: ديبز بابو بابو

Name: DEEPU BABU BABU

Passport Number: N0176518 رقم جواز السفر:
Passport Expiry: 21/06/2025 تاريخ انتهاء الجواز:
Serial No: 30129335645827 الرقم المسلسل:
Residency Type: عمل نوع الرخصة:
Employer: شركه المواصلات المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
توقيع حامل البطاقة
Holder's signature

2024068



State of Qatar
Ministry of Interior
Traffic Department



دولة قطر
وزارة الداخلية
إدارة المرور

LEARNING DRIVING PERMISSION

تصريح سيطرة تحت التعليم

الرقم الشخصي 382022343414

الإسم ديبز بابو بابو



DEEPU BABU BABU

L

الجنسية الهند

تاريخ الميلاد 1993-07-28

نوع الرخصة خصوصي

ت. الإنتهاء 2023-01-03

مدرسة التعليم شركة كروة - تعليم السواقة

2022/100676

VALID IN QATAR ONLY

للاستخدام داخل دولة قطر فقط

يجب على الطالب حمل التصريح أثناء التعليم وتقديمه لرجال الشرطة كلما طلبوا منه ذلك

Authorized Vehicles

المركبات المصرح بقيادتها

ملاحظات

EXCAVATOR حفار



CRANE كرين



LOADER شيوول



FORKLIFT رافعة شووكية



OTHER اخرى



MOTOR CYCLE

دراجة نارية



CAR

سيارة خفيفة



BUS

حافلة



MED. TRUCK

شاحنة متوسطة



TRAILER

قاطرة ومقطورة



نظارة طبية

Glasses

عدسات

Lenses

اوتوماتيك

Automatic

احتياجات خاصة

Handicaps

اعاقة سمعية

Hearing Disability

انتبرع بالاعضاء

Organ Donation

Licensing Authority

سلطة الترخيص



* 3 8 2 0 2 2 3 4 3 4 1 4 *



Name: DEEPU BABU

Staff No : 2024068

Date of Issue 31-08-2022 Dept- LTS



مواصلات
mowasalat

www.mowasalat.com

مواصلات
mowasalat
www.mowasalat.com

This Card Is The Property Of Mowasalat If Found, Please Return To Security
Office At : 44588883/8671



خدمات كروہ
karwa services

مركز تدريب وتطوير
Karwa Training & Development Center

دوحة ليموزين
doha limousine

كروہ
karwa

P.O.BOX : 1186 DOHA - QATAR - TEL : 44588588 - FAX : 44588845

© **HID** 0008L

E: info@mowasalat.com 31886 05671021121-1



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 95547767621

Beneficiary Details

Beneficiary Name /

Deepu B

Age /

28

Gender /

Male

ID Verified /

Aadhaar # XXXXXXXXX0701

Unique Health ID (UHID)

Beneficiary Reference ID

17296790355895

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 /

09 Mar 2021

17 Apr 2021

Batch Number /

4120Z016

4121Z051

By /

Sreejakumari N

Vaccination At /

Attingal Taluk Hospital,

Thiruvananthapuram, Kerala



“

Together, India will defeat
COVID-19”

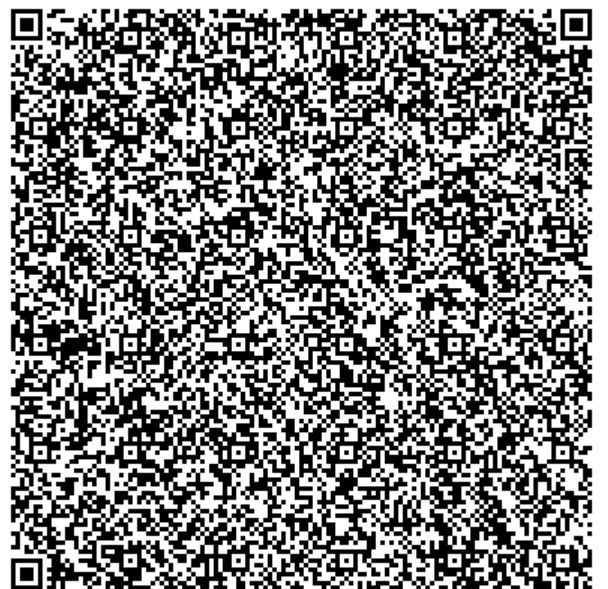
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In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

1075

COWIN

Winning Over COVID



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

