CURRICULUM VITAE

NAME: Arif Abdulkarim Bepari

E-MAIL: arifbepari0099@gmail.com

Mobile: +918208427736



CARRIER OBJECTIVE

To strive for a challenging job in a progressive, organization, where I can contribute and build my professional career along with the growth of organization and to give the best of my Qualification, experience and abilities.

PERSONAL INFORMATION

DATE OF BIRTH	: 15/12/2003
MARITAL STATUS	: Single
GENDER	: Male
NATIONALITY	: Indian

LINGUISTIC ABILITY

• ENGLISH, HINDI, MARATHI, KONKANI

QUALIFICATION

 Passed out secondary school examination from Government High school Sadar Ponda Goa

WORK EXPERIENCE

• Having 4 years experience in sales representative in garment shop since 2018

COMPUTER KNOWLEDGE

- MS Office
- Word
- Excel
- PowerPoint

PERCEIVED STRENTHS

- Reliable, patient and result oriented with a clear vision.
- A great listener and fast learner.
- Strong analytical and problem solving skill.
- Leading and dealing effectively with people at all level.
- Having a positive attitude and self confidence.

DECLARATION:

• I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ARIF ABDULKARIM BEPARI.



Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 0628/22496/62799

To Arif Abdul Karim Bepari Arif Abdul Karim Bepari H.No-182 St. Cruz Near I. D. Hospital Ponda Ponda North Goa Goa - 403401 8208427736



आपका आधार क्रमांक / Your Aadhaar No. : 4064 4820 6764 VID : 9194 1755 0467 3733

मेरा आधार, मेरी पहचान

भारत सरकार Government of India Arif Abdul Karim Bepari Arif Abdul Karim Bepari जन्म तिथि/DOB: 15/12/2003 पुरुष/MALE

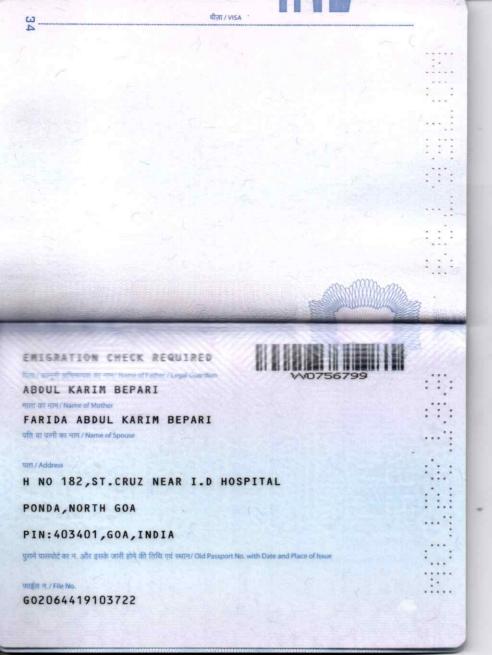
4064 4820 6764 VID - 9194 1755 0467 3733

VID: 9194 1755 0467 3733 मेरा आधार, मेरी पहचान



-





2	-	FO	STATE 5 2022000024		
	Numbe Name	ARIF	ABDUL KARIM	BEPARI	
E	S/D/W Addres		JL KARIM BEPAI 182 ST. CRUZ I ITAL PONDA PO A 403401		
Is licence to di	Issued DoB	i on 31-01 15-11	1-2022 2-2003 BG:		A NF
Vehicle Class	LMV	MCWG		Sig	In the or License House
Date of Issue	31-01-2022	31-01-2022	Concession of the local division of the loca		OI SAND

1

•

CLASS	DESCRIPTION	CTG	CLASS	DESCRIPTION	СТС
3W-CAB	LMV -3 WHEELER CAB	TR	LMV-GV	LMV (TRANSPORT)	TR
3W-GV	LMV -3 WHEELER GOODS	TR	MCWG	MC WITH GEAR	NT
BRIGS	BORING RIGS	NT	MCWGP	MC WITH GEAR - PSV	TR
CNEQP	CONSTRUCTION EQUIPMENTS	NT	MCWGT	MC WITH GEAR-TR	TR
CRANE	CRANES	NT	MCWOG	MC WITHOUT GEAR	NT
FLIFT	FORK LIFT	NT	MCWOGP	MC WITHOUT GEAR-PSV	TR
INVCRG	INVALID CARRIAGE VEHICLE	NT	PSVBUS	TRV-MHMV(R.C.) PSV-BUS	TR
LDRXCV	LOADER/EXCAVATOR	NT	RDRLR	ROAD ROLLER	NT
LMV	LMVNT-CAR	NT	TRANS	TRV- M/HMV(R.C.)-GOODS	TR
LMVCAB	LMVTRANSPORTPSV-CAB	TR	TRCTOR	LMV-TRACTOR-NT	NT
	LMVTRANSPORTPSV-CAB 4LIGHT MOTOR VEHICLE * N * R.CRIGID CHASSIS * TI DRIVE CARE	IC- MOT	OR CYCLE	LMV-TRACTOR-NT * TRV-TRANSPORT VEHICLI NT-NON-TRANSPORT *	



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 40340089795

Beneficiary Details

Beneficiary Name / लाभार्थीचें नांव	Arif Abdul Karim Bepari
Age / पिराय	18
Gender / लिंग	Male
ID Verified / तपाशिल्ली आयडी	Aadhaar # XXXXXXX6764
Unique Health ID (UHID)	
Beneficiary Reference ID	10152600312874
Vaccination Status / वासीनाची स्थिती	Fully Vaccinated (2 Doses)
Vaccination Dataila	

Vaccination Details

Vaccinated By / वासीन दिल्लो नामो Vaccination At / वासीन केलां VALANCY VALES

Rajiv Kala Mandir Ponda, South Goa, Goa

Dose Number	Date of Dose	Vaccine Name	Batch Number	Vaccine Type	Manufacturer
डोसाचो आंकडो	डोसाची तारीश	वासीनाचें नांव	वर्गणाचो आंकडो	वासीनाचे प्रकार	कारखानदार
1/2	29 Jun 2021	COVISHIELD	4121Z093	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India
2/2	20 Oct 2021	COVISHIELD	4121MC029	COVID-19 vaccine, non-replicating viral vector	Serum Institute of India Pvt. Ltd.



"वखद बी आणि शिस्त बी Together, India will defeat COVID-19"

- प्रधान मंत्री नरेंद्र मोदी

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

खंयचोय प्रतिकूल परिणाम जाणवलो जाल्यार, उपकार करून लागसरच्या भौशीक भलायकी केंद्र/ भलायकी जतनाय कर्मचारी/ डिस्ट्रिक्ट इम्युनायझेशन ऑफीसर/राज्य हॅल्पलायन क्र. १०७५ / चेर संपर्क करचो



