



Govt.Of India Regn. No. B-0661 / Mum / Per / 1000+ / 4 ¾ / 6755 / 2004  
Saudi Vakala Id No. 387 / 10 / 10

## RESUME SUMMARY

<b>NAME</b>	<b>RAEES ALI</b>	<b>EXPECTED SALARY</b>	<b>-----</b>
<b>NATIONALITY</b>	<b>INDIAN</b>	<b>PASSPORT NUMBER</b>	<b>R4321614</b>
<b>AGE</b>	<b>35</b>	<b>RELIGION</b>	<b>MUSLIM</b>
<b>APPLIED POSITION</b>	<b>HOUSE DROIVER</b>	<b>MARITAL STATUS</b>	<b>MARRIED</b>
<b>CURRENT POSITION</b>	<b>DRIVER</b>	<b>CONTACT NUMBER</b>	<b>-----</b>
<b>INDIA EXPERIENCE</b>	<b>9 YEARS</b>	<b>LANGUAGE KNOWN</b>	<b>ENGLISH, HINDI.</b>
<b>EXPERIENCE IN GULF</b>		<b>EDUCATION</b>	<b>10th</b>
<b>REMARKS</b>			



G.H.C. Code No.  
01/07/02

GCC Slip No.  
11708202466801342

Medical center name  
New Lucknow Diagnostic Centre

Date examined  
17/8/2024

Report expiry date  
17/10/2024

01/07/02

CANDIDATE INFORMATION



Name  
**RAEES ALI**  
Marital status  
**Married**  
Height  
**168.0 cm**  
Passport No.  
**R4321614**  
Weight  
**70.0 kg**  
Age  
**35**  
BMI  
**24.8**

Gender  
**Male**  
Passport expiry date  
**24/10/2027**

Nationality  
**Indian**  
Phone  
**+9151561561561**

Traveling to  
**Saudi Arabia**  
Profession  
**Driver**

MEDICAL EXAMINATION: GENERAL

Blood pressure **126/80** Pulse/min **78**  
RR/min **18**

VISUAL ACUITY AIDED AND UNAIDED

Colour vision **Normal** Comments

DISTANT/AIDED

Left eye 6/ Right eye 6/

DISTANT/UNAIDED

Left eye 6/ **6** Right eye 6/ **6**

NEAR/AIDED

Left eye 20/ Right eye 20/

NEAR/UNAIDED

Left eye 20/ **N8** Right eye 20/ **N8**

HEARING

Left ear **Normal** Right ear **Normal**

SYSTEM EXAMINATION

General appearance **NAD** Cardiovascular **NAD**  
Respiratory **NAD** ENT **NAD**

GASTRO INTESTINAL

Abdomen (Mass, tenderness) **NAD** Hernia **NAD**

GENITOURINARY

Genitourinary **NAD** Hydrocele **NAD**

MUSCULOSKELETAL

Extremities **NAD** Back **NAD**  
Skin **NAD** C.N.S. **NAD**  
Deformities **NAD**

MENTAL STATUS EXAMINATION

APPEARANCE

Appearance **NAD** Speech **NAD**  
Behaviour **NAD**

COGNITION

Cognition **NAD** Orientation **NAD**  
Memory **NAD** Concentration **NAD**  
Mood **NAD** Thoughts **NAD**  
Others Remarks

INVESTIGATION

Chest X-Ray **NAD** Comment

LABORATORY INVESTIGATION

BLOOD

Blood group **B+** Haemoglobin g/dL **13.7**

THICK FILM FOR

Malaria **Absent** Micro filaria **Absent**

BIOCHEMISTRY

R.B.S **80.0** L.F.T **Normal**  
Creatinine **0.7**

SEROLOGY

HIV1&II **Negative** HBs Ag **Negative**  
Anti HCV **Negative** VDRL **Negative**  
TPHA (if VDRL positive) **Negative**

URINE

Sugar **Negative** Albumin **Negative**

STOOL

ROUTINE

Helminthes **Absent** OVA **Absent**  
CYST **Absent** Others

VACCINATION STATUS

Polio **No** Date  
MMR 1 **Yes** Date **17/08/2024**  
MMR 2 **No** Date  
Meningococcal **Yes** Date **17/08/2024**  
COVID-19 **Yes** Date

Remarks



Mentioned above is the medical report for Mr./Ms. **RAEES ALI** who is Fit for the above mentioned job according to the GCC criteria

**Dr. Komal Gupta**

Regn. No. 044705 M.B.B.S, M.D.

Doctor's name

Signature



**M.M.R. VACCINE**

B: No. : 0133N131A

MFG. : JAN - 2024

EXP. : JUN - 2026

**FIT**



सत्यमेव जयते

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP57 20100005486

Issue Date	Validity (NT)	Validity (TR)*
28-01-2022	21-06-2030	27-01-2027



Holder's Signature

(22-06-2010)

Date of First Issue

Name: **RAIESH ALI**  
Date of Birth: **01-05-1989**      Blood Group:  
Son/Daughter/Wife of: **KOLAHAL ALI**      Organ Donor: **N**

Address:

R/O- **BASDILA PANDAY BASDILA PANDAY,**  
**TURKPATTI KASYA, KUSHINAGAR 274303**

DL No: **UP57 20100005486**




UPDL000007432055



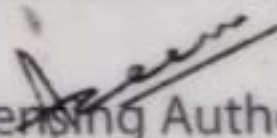
Invalid Carriage (Regn Numbers)<sup>#</sup>  
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Hazardous Validity<sup>#</sup>  
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Hill Validity<sup>#</sup>  
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Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP57	22-06-2010	NT			
	LMV	UP57	22-06-2010	NT			
	TRANS	UP57	25-01-2014	TR			
MVSD							

Emergency Contact Number

  
Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)



निर्वाह / OBSERVATION

निर्वाह सेवा / MISCELLANEOUS SERVICE

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

MOHD KOLAHAL



R4321614

माता का नाम / Name of Mother

SAHIDUN NISHA

पति या पत्नी का नाम / Name of Spouse

RABIYA KHATUN

घर / Address

VILL- BASDILA PANDEY

POST- BASDILA PANDEY, KUSHI NAGAR

PIN: 274303, UTTAR PRADESH, INDIA

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

फाइल नं. / File No.

LK1061503889617

