

CURRICULAM VITAE

PERSONAL INFORMATION

Name in full : SIMI JIBIMON

Gender : FEMALE
Date of Birth : 14-5-1985
Nationality : INDIAN
Marital Status : MARRIED

Present Address : SIMI JIBIMON

Permanent address : KAKKANATU (House)

MANJOOR (P.O) KURUPPANTHARA KADUTHURUTHY KERALA-686603

INDIA

Passport No. : K8003270

QUALIFICATION OBTAINED

Professional Qualification : GENERAL NURSING AND MIDWIFERY.

Duration of course : 3 ½ YEAR

Name of Institution : BHARATI VIDYAPEETH SCHOOL OF NURSING

PRE UNIVERSITY

Name of College : FR JOSEPH MEMORIAL HIGHER SEGONDARY

Years : 2YEARS

SCHOOL EDUCATION : 10th Grade

Name of School FR JOSEPH MEMORIAL HIGH SCHOOL

INDIA

CLINICAL/PROCEDURAL SKILLS (COMPETENT)

- IV Canalization.
- Assisting CVP inseration and arterial line inseration
- Assisting intubation
- Assisting bronchoscopy
- Assisting supra pubic catheter
- Taking blood for ABG
- Assisting pegitile tube inseration
- Assisting lambar puncture, bone marrow biopsy, plural tapping
- Assisting tracheostomy
- Assisting ICD inseration
- NG tube insertion and removal
- Urinary catheter insertion.
- Arterial and venous blood collection.
- Glucose check using glucometer.
- Using cardiac moniter
- Sutures and clips removal.
- Assisting with pleural and bone Marrow aspiration.
- Administering medication.
- Looking after pre and post of operative patients.
- Assisting with activities of daily living.
- Responsible for ensuring safe manual handling techniques.
- Usage of safe technique, infection control polices and protocols.
- Preparation and calculation of all medicines through infusion pump.
- Safe handling / recording of controlled drugs.

Equipment Used

- Ecg mechine and defibrillator
- Syringe pump and infusion pump
- Suction apparatus
- Cardiac moniter, centeral moni
- Pulse oxymeter
- Glucometer
- Dressing trolly
- ABG mechine,
- Laryngoscope.

WORK PRACTICE HISTORY.

BHARATI HOSPITAL AND RESEARCH CENTER

DATRHNKAWADI .KATRAJ.PUNE

Position held : Registered nurse (Full time)
Period : 01-02-2010to 26-3-2012

Hours per week : 46 hours

Area of Experience: Male Surgical Ward.

PRESENT EXPERIENCE :

Presently working as a Staff Nurse in Surgical Ward from 15th April 2012 at Pushpanjali Crosslay Hospital Ghaziabad, U. P.

DUTIES AND RESPONSIBILITIES

- Working as a staff nurse
- Taking over from on duty staff, checking and recording of inventory of equipments and medicines, assessing and condition of the pati
- Identify the ECG rythems and monitoring telemetry
- Care of narcotic drugs.
- Excellent communication and interpersonal skills with the ability to demonstrate.
- Care of narcotic and controlled drugs.
- Followed infection control policies and procedures.
- Preparing patients for various diagnostic procedures.
- Preparing and administering medications.
- Maintaining patient's documents.
- Assisting with activities of daily living.
- Pressure care.
- Guiding and assisting student nurse in the bedside.
- Maintaining fluid and electrolytes balance.
- Great ability to deal with the queries and problems.

- Excellent communication and interpersonal skills with the ability to demonstrate.
- Develop report with patients, family, staff and physicians.
- Relate well to people from a variety of culture
- Preparing and administering medications.
- Idenify the ECG rythems and inform doctors
- Handling the patients post angiography and post angio plasty
- Preparing the patients for CABG, check the pre operative orders and be sure to carry them out.
- Handling the patient after post cardiac surgery
- Provide compherensive nursing care to all operated patients
- Check the laboratory result and carried out the doctors order.
- Cases coming after post byepass surgery complication.
- Cases coming after perment pacemaker implanation
- Work as ateam member and team leader.
- Monitor patients closely and effectively.
- Implementation of standing order.
- Assisting with pleural and bone marrow aspiration.
- Monitoring fluid and electrolytes balance.
- Death care of patients.
- Checking all equipment and making sure all in good working condition
- Handling RTA patients
- Handling neuro paties and stroke patients
- Blood transfusion giving properly after checking the blood group and cross matching blood group, correct serial number and expiring date
- Provide all comprehensive nursing care to all operated patients.
- Managing patients with various medical and surgical conditions.
- Followed infection control policies and procedures.
- Maintaining fluid and electrolyte imbalance
- Preparing and administering medications.
- Assist doctors for procedures eg: Intubation, Lumbar puncture.
- Assisting patient's home status and organizing support if needed.
- Checking observation and making sure patients vital care stable.
- Care of patients with central lines,
- Care of elderly and disable patients.
- Monitor patients closely and effectively.
- Responsible for ensuring safe manual handling techniques / use of movable and fixed hoist.

REGISTRATION HISTORY

1. REGISTERATION BOARD. : MAHARASHTRA NURSING COUNCIL.

MUMBAI,INDIA

REGISTERATION NO. : xxv1111-33056

LANGUAGE PROFICIENCY.

ENGLISH : SPEAK, READ AND WRITE.

HINDI : SPEAK, READ AND WRITE

MALAYALAM : SPEAK, READ AND WRITE.

MARATHI : SPEAK, READ

REFERNCE

1. DR JYOTHI SHARMA

HEAD OF THE DEPARTMENT IN PEADIATRIC

BHARTI HOSPITAL; DHANKAWADI, KATRAJ

2. A V GURAV

NURSING DIRECTOR

BHARATI HOSPITAL AND RESEARCH CENTER.

DHANKAWADI, KATRAJ. PUNE

3. DR. SANJAI LAL WANI

ASSISTANT PROFESSOR IN PEADIATRIC

BHARATHI HOSPITAL AND RESEARCH CENTER

DHANKAWADI, KATRAJ. PUNE

DECLARATION

I hereby declare that the above information is correct and complete to my knowledge and belief.

Place:

Date: 31-05-2013 SIMI JIBIMON

A Nº 431613

GOVERNMENT OF KERALA

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

This is to certify that the candidate herein has appeared in the SSLC Examination and has secured the marks as follows



101	nows		
Na	me of School	F.J.M	H.S.S. Puthuppady.
Ad	mission No.	5948	·
1.	Name (Initials after 1		MI VARGHESE.
2.	Name in Regio	onal Language	തിമിവർതിസ്.
	Sex		Female.
4.	Date of Birth	(in figures)	14-5-1985.
		(in words)Fo	ux teenth May Nios Gen Ecoble Five.
5.	Religion & Cas	ste	exteenth May Niostera Eighly Five. Christian Jacobile Syrian
6.	Nationality		Indian.
7.	Name of Fathe	r/Guardian	M.J. Valghese
8.	Name of Moth	er	Ammini Valghese
9.	Home Address		Maliackal,
	***************************************		Puthuppady.
10	Simprure of the	. Car Elas	simil 1

SECONDARY SCHOOL LEAVING CERTIFICATE EXAMINATION

Register Number : 212692

	E	Marks in the Public		ublic Examination	Minimum for a pass		P.	
Subject	Maximum	For the paper	la le		Group Total	5	6	State
	Ma	For	Subject	In Figures	In Words	Subject	Group	2 4
GROUP A - Language FIRST LANGUAGE Paper-I (.Mod.)	50	21	-					23
Paper-II (.Mal.)	50	37	28			20		24
SECOND LANGUAGE English Paper-1	50	12		98	Hine,			16
Paper-II	50	-8-	20	50	98 Hine, Eight		20 90	16
THIRD LANGUAGE Hindi	50	20	20	1 1	7	10		21
GROUP B - Subject SOCIAL SCIENCES Paper-1 History & Civics	50	15				20		20
Paper-II Geography & Economics	50	29	44					2
SCIENCE Paper I – Physics	50	19					120	19
Paper II - Chemistry	50	11	40	120	One	30		14
Paper III – Biology & Health Science	50	18	48		Two	30		20
MATHEMATICS Paper-I	50	14			One Two Zero.	20		19
Paper-II	50	140	X	20 (19

S. RASCCHANDRAN Board of Public Examinations,

Name & Signature of the Head of the

Uttura



MAHARASHTRA NURSING COUNCIL, MUMBAI

2nd Floor, Nurses Hostel, E. S. I. S. Hospital Compound, Lal Bahadur Shastri Marg, Mulund (West), Mumbai - 400 080.

No. 22482

Seat No. 3318

CERTIFICATE OF PASSING THE EXAMINATION

SMT. SIMI VARGHESE

This is to certify that

appeared from BHARATI VIDYAPEETH COLLEGE OF NURSING. PUNE

and passed the REVISED GENERAL NURSING & MIDWIFERY (THREE & HALF YEARS COURSE) EXAMINATION

conducted by the Maharashtra Nursing Council, Mumbai in the month

of JANUARY . 2010 .

Seal of the Council

REGISTRAR ANURSING COUNCIL, MUMBAI

Signature of Holder

12/04/CHIEF MEDICAL OF

N. B. Registration with the Council is compulsory within 3 months after passing.

SCHEDULE "U" (See By-Laws 18(7) (b))



GOVERNMENT OF KERALA BOARD OF HIGHER SECONDARY EXAMINATION

HIGHER SECONDARY EXAMINATION (CLASS XII)

No. HSE 610687

CERTIFICATE

Register Number

This is to certify that Mr/Ms. SIMI. VARSHESE. has appeared for the HIGHER SECONDARY EXAMINATION (COMMERCE GROUP) held in MARCH 2003

He/She has. PASSED the Examination in Second Class.

The marks obtained by the Candidate are shown below:

SUBJECTS		Ma	rks Obtained		Max.
		igures		Min.	
	Subject	Part Total	In words	Marks	Marks
PART I ENGLISH	76	76	Seven Six	53	150
PART II HINDI	98	98	Nine Eight	53	150
PART III (Optionals)		300			
BUSINESS STUDIES WITH FU NCTIONAL MANAGEMENT	57			53	150
ACCOUNTANCY WITH AFS/CO STING	103			53	150
ECONOMICS	53	42.0		53	150
COMPUTER APPLICA Theory	30			30	100
TION Practical Total	34 64			53	50 150
TOTAL FOR PART III		277	Two Seven Seven	212	600
GRAND TOTAL (PARTS I+II+III)		451	Four Five One	318	900

Place : Thiruvananthapura Date : 16/05/2003 CHIEF MEDICAL SEFENSAME Director (Braminations).

MAN IN Pepartment of Higher Secondary Education,
Government of Kerala.

0

MAHARASHTRA NURSING COUNCIL MUMBAI

CERTIFICATE OF REGISTRATION

Registration No. XXVIII-33056

This is to certify that M_{S} . SIMI VARGHESE

Possessing ** the ** qualification ** of A large of the examination of GEN. NURSING & MIDWIFERY(3 YRS & 6 MTHS-I) has been duly registered under the Maharashtra Nurses Act, 1966 (Mah. XL of 1966), in Part III of the Register for PUNE Region in Section XXVIII as a registered Nurse & MIDWIFE

In witness whereof are herewith affixed the seal of the Maharashtra Nursing Council, Mumbai, and the signature of the President & Registrar. Subject to the provisions of the said Act, this certificate is

valid upto 30/03/2012

Dated the 21st September 2010



CHIEF METURAL TITLE ON HOMOEO DISPENSED MANIFORM

mlyther

President

¹⁾ Renewal of Registration, Change of Name & Change of Address is the responsibility of the holder of this Certificate.

²⁾ This Registration Certificate is issued on the basis of previous Registration Certificate of

MAHARASHTRA NURSING COUNCIL MUMBAI

DIPLOMA OF EXAMINATION

No. 119790

We the President and Members of the Maharashtra Nursing Council hereby

certify that Ms. SIMI VARGHESE

has completed a Prescribed course of training in theory and practice

MACHINE SPECIFIC WAS INCOME. SAN

for GEN. NURSING & MIDWIFERY(3 YRS & 6 MTHS-I)

at BHARATI VIDYAPEETH'S SCHOOL OF NURSING, PUNE

attached to

Maharashtra Nursing Council, Mumbai from 01/08/2006 to 31/01/2010

and has passed the prescribed examination held in January 2010

In Pass class and qualified as a NURSE & MIDWIFE

Dated at Mumbai the 21 st day of September in the year 2010

Signed on behalf of the Maharashtra Nursing Council

CHIEF MEULIA CATA

PRINCIPAL

Bharati Vidy Breath

Signature of the Holder

Examination Board

Registrar

MAHARASHTRA NURSING COUNCIL, MUMBAI

E.S.I.S. Hospital, Nurses Hostel, 2nd Floor, L.B.S. Marg Mulund (W), Mumbai - 400 080.

Statement showing the Marks in each subject obtained at REVISED GENERAL NURSING &

MIDWIFERY (3½ years Course) of SECOND YEAR Examination held in the month of <u>DECEMBER</u>, 2007

Name of the Centre	Candidate's Seat Number	Candidate's Full Name b Surname		Name of the Institution		
POONA	39			BHARATI VIDYAPEETH COLLEG DF NURSING, PUNE		
	SUBJECT	rs	MARKS/ GRADE OBTAINED	OUT OF	REMARKS	
MEDICAL SUI (Including Phar		SING - I	E	100		
MEDICAL SUF (Specialities)	RGICAL NUR	SING - II	52	100		
MENTAL HEAPSYCHIATRIC			50	100		
PRACTICAL - MEDICAL SUR		SING	Е	100	25	
PRACTICAL - I PSYCHIATRIC			В	100		
COMPUTER EI	DUCATION	W	А		No. of the last of	
Grand Total :	200 100		102	200	n .	
Division Obtaine	ed:	18	PASS			
Distinction	0% & 79.9% 0% & 69.9%	E. : Indicates Exemption Ab : Indicates Absent	IMPORTANT No Change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council			

1) Exemption is valid for a period of 1½ years from the month of examination in which it is earned.

Registrar

Maharashtra Nursing Council

Receipt No. 197835

Checked by

by _

STAN NORSON SECOND

SR. No.

00513

MAHARASHTRA NURSING COUNCIL, MUMBAI

STATEMENT SHOWING THE NUMBER OF MARKS IN EACH SUBJECT OBTAINED AT

REVISED GENERAL NURSING & MIDWIFERY (3 1/2 years Course) of THIRD YEAR Examination helin the month of **July 2009**

Name of the Candidate's Center Seat Nt.mber			Candidate's Full I Degining with Sui		Name of the Institution	
POONA		940	Sn	nt. SIMI VARG	HESE	BHARATI VIDYAPEETH COLLEGE OF NURSING PUNE
		SUBJECTS	30	MARKS/ GRADE OBTAINE	OUT OF	REMARKS
MIDWIFERY GYN.	AEC	DLOGY		52	100	
PAEDIATRIC NURSING				61	100	
COMMUNITY HEA	LTH	NURSING-II		55	100	
PRACTICAL-I		: Midwifery		52	100	
PRACTICAL-II		Paediatric Nursing		58	100	
PRACTICAL-III (INTERNAL-2007)		Community Health Nur	sing -II	70	100	
GRAND TOTAL	*******	:	***	348	600	
DIVISION OBTAIN	ED			PA	SS with 58,00 %	6
Distinction	:	80% & above	Second [Division : (60% & 69.99%	
First Division	10	70% & 79.99%	Pass		50% & 59.99%	

E : Indicates Exemption AB : Indicates Absent	the authority issuing the miningement of this requirement will result in the management of this requirement will result in the management of the statement in question and may also make imported other appropriate penalty as may be decided by this course. Chilef MEUICAL THE REGISTRAR OVER THE REGISTRANCE OVER THE
Exemption is valid for peri	od of 2 years work the month of symmodism in which its earnedMANJOOR

Receipt No. 202262 Prepared by RBM/SSM/RMM Checked by AAG

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Printed Date 03/10/2009 MCNO. III000940



MAHARASHTRA NURSING COUNCIL, MUMBAI

E. S. I. S. Hospital Compound, Nurses Hostel, 2nd Floor, L. B. S. Marg, Mulund (West), Mumbai - 400080.

3952

Statement Showing the Marks in each subject obtained at REVISED GENERAL NURSING & MIDWIFERY (31/2 Years Course) of JUNE, 2006 FIRST YEAR Examination held in the month of _

Name of Center	Seat Number	Candidate's Full Name beginning with Surname	Name of the Institution
POONA	1664	SMT. SIMI VARGHESE	BHARATI VIDYAPEETH COLLEGE OF NURSING, PUNE

SUBJECT	MARKS / GRADE OBTAINED	OUT OF	REMARKS
BIO - SCIENCES Anatomy & Physiology Microbiology	E	100	
BEHAVIOURAL SCIENCES Psychology Sociology	E	100	
FUNDAMENTALS OF NURSING Fundamentals of Nursing First Aid Personal Hygiene	51	100	
COMMUNITY HEALTH NURSING - 1 Community Health Nursing -1 Environmental Hygiene Health Education & Communication Skills Nutrition.	E	100	=
PRACTICAL - I : Fundamentals of Nursing	ç .	100	11
ENGLISH	А		
GRAND TOTAL :	51	500 100	
DIVISION OBTAINED :	PASS		

Distinction

80% & above

70% & 79.9%

Second Division : 60% & 69.9% 50% & 59.9%

First Division

E.: Indicates Exemption

Ab : Indicates Absent

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this

Total Five chances will be given to the candidate to appear for the examination and failing in fifth attempt he / she will be disqualified to appear for the Council's examination.

2 Exemption is valid for a period of 1½ years from the month examination in which it is earned.

REGISTRAR MAHARASHIRA NURSING COUNCIL

	100075	Prepared by EDICAL PHICE	WJOOR - WJOOR	a
Receipt No	189945	Prepared by	Checked by	UAR /
		MANJOOR		10

MAHARASHTRA NURSING COUNCIL, MUMBAI E.S.I.S. Hospital, Nurses Hostel, 2nd Floor, L.B.S. Marg Mulund (W), Mumbai - 400 080. Statement showing the Marks in each subject obtained at REVISED GENERAL NURSING & MIDWIFERY (31/2 years Course) of SECOND YEAR Examination held in the month of_ Candidate's Full Name beginning with Candidate's Seat Name of the Centre Name of the Institution Number Surname POONA 1028 SMT. SIMI VARGHESE BHARATI VIDYAPEETH COLLEGE NURSING, PUNE MARKS/ **SUBJECTS GRADE OUT OF** REMARKS OBTAINED MEDICAL SURGICAL NURSING - I 100 SOE (Including Pharmacology) MEDICAL SURGICAL NURSING - II 100 45 (Specialities) MENTAL HEALTH & 100 43 PSYCHIATRIC NURSING PRACTICAL - I: 60E 100 MEDICAL SURGICAL NURSING PRACTICAL - II: PSYCHIATRIC NURSING 100 COMPUTER EDUCATION A 252 500 **Grand Total: Division Obtained:** Fail Distinction 80% & above E. : Indicates Exemption **IMPORTANT** First Division 70% & 79.9% Ab : Indicates Absent No Change in this statement of Marks shall be made Second Division ... 60% & 69.9% except by the authority issuing it. Any infringement Pass 50% & 59.9% of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this Council 1) Exemption is valid for a period of 11/2 years from the month of examination in which it is earned. Receipt No. _21116

Prepared by



MAHARASHTRA NURSING COUNCIL, MUMBAI

E. S. I. S. Hospital Compound, Nurses Hostel, 2nd Floor, L. B. S . Marg, Mulund (West), Mumbai - 400080.

2176

FIRST YEAR Examination held in the month of _

Name of	Seat	Candidate's Full Name beginning with Surname	Name of the
Center	Number		Institution
POONA	76	SHT. SIMI VARGHESE	BHARATI VIDYAPEETH COLLEGE OF NURSING, PUNE

SUBJECT	MARKS / GRADE OBTAINED	OUT OF	REMARKS
BIO - SCIENCES Anatomy & Physiology Microbiology	56E	100	-
BEHAVIOURAL SCIENCES Psychology Sociology	E	100	
FUNDAMENTALS OF NURSING Fundamentals of Nursing First Aid Personal Hygiene	40	100	
COMMUNITY HEALTH NURSING - 1 Community Health Nursing -1 Environmental Hygiene Health Education & Communication Skills Nutrition.	Ε	100	
PRACTICAL - I : Fundamentals of Nursing	E	100	
ENGLISH	С		
GRAND TOTAL :	96	500 X 200	
DIVISION OBTAINED:	Fail		

Distinction **First Division** Second Division :

80% & above : 70% & 79.9%

> 60% & 69.9% 50% & 59.9%

E.: Indicates Exemption

Ab : Indicates Absent

IMPORTANT

No change in this statement of Marks shall be made except by the authority issuing it. Any infringement of this requirement will result in the cancellation of the statement in question and may also involve imposition of other appropriate penalty as may be decided by this

Total Five chances will be given to the candidate to appear for the examination and failing in fifth attempt he / she will be disqualified to appear for the Council's examination.

2 Exemption is valid for a period of 11/2 years from the month of examination in which it is earned.

MEU WAHARASHT MANJOOF

REGISTRABISPEA

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186707

Prepared by_

CRP



: Founder : Dr. PATANGRAO KADAM M.A., LL.B., Ph.D.

Lt Col (Dr) N G Kamat (retd)
M.D., (Hospital Administration)
Dy. Medical Director

Phone: 020 - 40555555
BHARATI VIDYAPEETH MEDICAL FOUNDATION'S



Ref. No.: BV/MF/BH/304/A/2011-12

Date: 26/03/2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MS. SIMI VARGHESE was working at Bharati Hospital, Pune as a G.N.M. Staff Nurse from 02nd March, 2010 to 26th March, 2012. During this period she worked in Male Surgical Ward.

She is sincere, hard working, professionally competent and having a good character.

Bharati Hospital is a multi-specialty hospital with 831 beds capacity.

BHARA

We wish her all the best in her future endeavours.

MALLON

Bharati Vidyapeeta's id. cical Foundation's & BHARATI 1.0SPITAL,

Dhankawadi - Pune - 43

Lt Col (Dr) N G Kamat (retd)
Dy. Medical Director
Bharati Hospital and Research Center
Dhankawadi, Pune 411 043.

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Simi

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24/02/2023



KOLENCHERY, KERALA

	0)			भारत
बास्ट्रीयला / Nationality INDIAN	दिया पदा ना S I M I	JIBIMON	टाईप / Type P	गणराज्य
-	दिया गया नाम / Given Name(s) S I M I	NON	राष्ट्र करेड / Country Code	भारत गणराज्य REPUBLIC OF INDIA
forn / Sex			try Code	OF
कल्पिकि/Date of Birth 14/05/1985	The second secon		पासपोर्ट गं / Passport No. K 8 0 0 3 2 7 0	INDIA

भारत गणराज्य REPUBLIC OF INDIA



संबंध हो, अनुरोध एवं अपेक्षा की जाती और उसे हर तरह की ऐसी सहायता आवश्यकता हो।

इसके द्वारा, भारत गणराज्य के राष्ट्रपति THESE ARE TO REQUEST AND के नाम पर, उन सभी से जिनका इससे REQUIRS IN THE NAME OF THE PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT हैं कि वे धारक को बिना किसी रोक- MAY CONCERN TO ALLOW THE होक के स्वतंत्र रूप से आने-जाने हैं, BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD HIM OR HER, और मुख्य प्रदान करें जिसकी उसे EVERY ASSISTANCE AND PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

धारत गणराज्य के राष्ट्रपति के आदेश से BY ORDER OF THE PRESIDENT

OF THE REPUBLIC OF INDIA



क्षेत्रीय पासपीट Regional Passport Officer कोचिन/Cochin

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पंजीकरण विदेशों में रहने वाले भारतीय नागरिकों को सलाह दी जाती है कि वे निकटतम भारतीय मिशन/ केन्द्र में अपना पंजीकरण करवाएं।

चेताव**ी** यह पासपोर्ट भारत सरकार की सम्पति है। इस पासपोर्ट के बारे में किसी पासपोर्ट अधिकारी से इसके धारक को यदि कोई सूचना मिलती है जिसमें पासपोर्ट लौटाने की मांग भी जामिल है तो उसका तुरंत अनुपालन किया जाए।

यह पासपोर्ट डाक द्वारा किसी भी देश से बाहर न भेजा जाए। यह पासपोर्ट धारक या उसके द्वारा प्राधिकृत व्यक्ति के कठने में ही होना चाहिए। इसमें किसी भी प्रकार का फेरक्टल या विकृति नहीं की जानी चाहिए।

प्राचारी हो पा है जाने, जोरी हो जाने अथवा नष्ट हो जाने पर उसकी सुचना भारत में सबसे निकटाय पायपोर्ट अधिकारी को अथवा यदि पायपोर्ट शास्त्र विदेश में है तो निकटाय भारतीय मित्रन/केन्द्र और स्थानीय पुलिस को नत्काल दी जानी चाहिए। विस्तृत पुछनाछ के बाद ही दुस्लीकेट पारपोर्ट जारी किया जाएगा।

REGISTRATION
INDIAN CITIZENS RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

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THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA, ANY COMMUNICATION RECEIVED BY THE HOLDER FROM A PASSPORT AUTHORITY RELABION THIS PASSPORT INCLUDING DEMAND FOR ITS SUBBENDER, SHOULD BE COMPLIED WITH IMMEDIATELY

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OF OF A PERSON AUTHORISED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

AUTHOR OR DESTRUCTION OF THIS PASSPORT SHOULD BE DAMQUATED BEFORED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR IF THE HOLDER IS ABROAD TO THE NEAREST ENDIAN MISSION/POST AND TO THE LOCAL POLICE, ONLY AFTER EXHAUSTIVE ENQUERES SHALL A DUPLICATE PASSPORT BE ISSUED.

OTSECOSM PIN:686603,KERALA, INDIA Trid sirmid as 14. alt greib until gid all folfit que ques / Old Passport No. with Date and Place of Issue KURUPPANTHARA,KABUTHURUTHY,KOTTAYAM KAKKANATTU HOUSE, MANJOOR-P.O VARGHESE MALIACKAL JOSEPH पति या पटनी का नाम / Name of Spouse AMMINI VARGHESE 004061785516513 भारता का नाम / Name of Mother JIBIMON XAVIER BIRTH 4 / File No. um / Address