**CURRICULAM VITAE**

**LAKSHMI K.S**

Address: Kilikoodaparambil

 Aroor P.O.

 Alappuzha

 Pin - 688534

 Mob: 9645568001

Email Id : lakshmiks800@gmail.com

**PERSONAL INFORMATION**

 Name : Lakshmi K.S

 Father’s Name : Sathyanesan K.K

 Nationality : Kerala, India

 Date of Birth : 30-05-1992

 Gender : Female

 Marital Status : Unmarried

**CAREER OBJECTIVE:**

To secure a position where I can effectively contribute my knowledge and improve my skills.

**ACADEMIC PROFILE**

**a) Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **University/Board** | **College**  | **Date of passing** |
| MBBS | Kerala University of Health Science | Govt. T.D. Medical College, Alappuzha | 2016 |

**b) Medical Licenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Licensing Authority** | **University/Board** | **Registration** **Number** | **Date of Registration** |
| Travancore Cochin Medical College( Council of Modern Medicine) | Kerala University of Health Science ( India) | 63065 | 28-09-2017 |

**c) Merits**

* First Class in first professional MBBS examination
* First Class in second professional MBBS examination
* First Class in third professional MBBS Part 1
* Second Class in third professional MBBS Part II

2

**INTERNSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital** | **Country** | **From (date)** | **To (date)** |
| Govt. T.D. Medical College Hospital, Alappuzha, Kerala | India | 01st August 2016 | 31st August 2017 |

**HOBBIES AND EXTRA-CURRICULAR ACTIVITIES**

* **Hobbies :-** Reading & Writing
* **Extra –Curricular Activities :-** Volunteer work in Karunya Community & Palliative Care Unit Govt. Medical College, Alappuzha.

**LANGUAGES KNOWN**

 English, Malayalam, Hindi & Tamil

**DECLARATION**

I hereby declare that the above mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above mentioned particulars.

I assure that I will be duty bound and ready to do best of my profession.