CURRICULAM VITAE

AMAL R

PERSONAL DETAILS

1. Name in full	:	AMAL R
2. Father's Name	:	Rafeek K
3. Date of Birth	:	12.04.1997
4. Adress of Communication	:	K R House Manjappara Thalikkuzhy P O Kilimanoor,Trivandrum-695612 Kerala
5. Marital Status	:	Single
6. Sex	:	Male
7. Religion/Caste	:	Islam/ Muslim
8. Nationality	:	Indian
9. Phone No.	:	8281477718 , 8943230414
10. E-mail ID	:	way2amal10@gmail.com

ACADEMIC BACKGROUND

Course	Institution	Board	Year of Passing
DOTAT	Kerala Institute of	Directorate of Medical	June 2018
	Medical Science	Education	
+2	Govt HSS Kilimanoor	State Board	March 2015
SSLC	Govt HSS Kilimanoor	State Board	March 2013

PROFESSIONAL QUALIFICATION

Diploma in Operation Theatre and Anesthesia Technology (DOTAT) from Directorate of Medical Education, Kerala.

PROFESSIONAL EXPERIENCE

Training of more than 1 and $\frac{1}{2}$ years experience in Operation Theatre as part of the Course.Six month internship.

Experience in following Theatres

- 1.General Surgery
- 2.Cardiac Surgery
- 3. Ortho Surgery
- 4.Neuro Surgery
- 5. Pediatric Surgery
- 6.Gynec Surgery
- 7. Urology and Renal Transplant Surgery
- 8. Hepatic and Liver Transplant Surgery

Experience with following Equipments

- Anesthesia Machine
- Breathing Circuits
- Anesthesia Monitors
- Ventilators(Portable and Non Portable)
- Diathermy Machine
- Defibrillator
- Infusion Pump
- Syringe Pump
- ABG Analyzer
- ACT Machine
- Suction Machine
- Theatre Tables
- Pressure Monitoring Transducers
- Fibro Optic Bronchoscope

Technical Qualification

- Assisting Anesthesiologist for all type of Anesthesia
- Airway Management
- Assist for CVP Catheter insertion
- Labour Analgesia
- Endotracheal Intubation
- Introduction of LMA
- Arterial Blood Gas Sampling

ACHIEVEMENTS

Done laryngoscopy and intubation under the guidance of an Anesthesiologist.

REFERENCE

1. Dr.Jacob John Theophillus DA, DNB, FFARCS Senior Consultant & Chief Co-Ordinator Anesthesiology KIMS, TVPM Ph: 9746096912

 Dr.Vijaya Devi MBBS, MD, DNB Co-Ordinator & Hon. Senior Consultant Anesthesiology KIMS, TVPM Ph: 9446491289

DECLARATION

I hereby declare that all the details furnished in this resume are true and complete to the best of my knowledge and belief. I authorize you to make any responsible enquiry of former and present employers for further information to enable my occupational potentials to be assessed.

Yours faithfully

Place : Kilimanoor

Date :

AMAL R