CURRICULUM VITAE

BINCY JOHN

MOOLAKKATTU (H)

KUDAVECHOOR P.O

VAIKOM

KOTTAYAM (DISTRICT)

KERALA, INDIA. PIN- 686144

Mob: 8943820802, E-mail: bincybabu280184@gmail.com

NAME : BINCY JOHN

AGE AND DATE OF BIRTH 34 YEARS, 28-01-1984

SEX : FEMALE

MARITAL STRATUS : MARRIED

HUSBAND'S NAME BABUMON ABRAHAM

RELIGION : CHRISTIAN, RCS

NATIONALITY : INDIAN

ADDRESS FOR COMMUNICATION : PINDAKADAVIL,

MIDAYIKUNNU P O

THALAYOLAPARAMBU

KOTTAYAM - 686605

PERMANENT ADDRESS MOOLAKKATTU (H)

: KUDAVECHOOR P.O

VAIKOM

KOTTAYAM (DISTRICT)

KERALA, INDIA PIN- 686144

CONTACT NUMBER : 8943820802

LANGUAGES KNOWN : ENGLISH, MALAYALAM, KANNADA,

TAMIL & ARABIC.

PASSPORT DETAILS

PASSPORT NUMBER : M7190723 DATE OF ISSUE : 18-03-2015 PLACE OF ISSUE : COCHIN DATE OF EXPIRY : 17-03-2025

ACADEMIC QUALIFICATIONS

LEVEL	NAME OF INSTITUTION	PERIOD OF STUDY FROM & TO	CERTIFICATES OBTAINED
SECONDARY	GOVT. DVHS, VECHOOR, KUDAVECHOOR	MARCH 1999	BOARD OF PUBLIC EXAMINATION KERALA
HIGHER SECONDARY	GOVT. HIGHER SECONDARY SCHOOL, VAIKOM	MARCH 2001	HIGHER SECONDARY EDUCATION GOVERNMENT OF KERALA
PROFESSIONAL	SRI DEVARAJ URS SCHOOL OF NURSING, KOLAR	AUGUST 2001-2004	KARNATAKA STATE NRUSING COUNCIL

REGISTRATION

- The Kerala Nurses and Midwives Council
- The Karnataka State Nursing Council

ADDITIONAL QUALIFICATIONS:

• COMPUTER KNOWLEDGE (A D C A)_

PROFESSIONAL EXPERIENCE

EMPLOYMENT HISTORY

PREVIOUS EMPLOYERS

NAME OF EMPLOYER : SRI. DAVARAJ URS MEDICAL COLLEGE, KOLAR,

KARNATAKA

DESIGNATION : STAFF NURSE

PERIOD OF EMPLOYMENT : 3RD NOVEMBER 2004 TO 8TH NOVEMBER 2006

AREA OF WORK MEDICAL AND SURGICAL WARD

PREVIOUS EMPLOYER

NAME OF EMPLOYER : DAVITA LEHBI CENTRE OF DIALYSIS

KINGDOME OF SAUDI ARABIA, RIYADH

DESIGNATION : STAFF NURSE

PERIOD OF EMPLOYMENT : 10 JULY 2010 TO 8 JUNE 2014

PREVIOUS EMPLOYER

NAME OF EMPLOYER : ST.PETER'S HOSPITAL

ALBANY, NEWYORK, USA

DESIGNATION : TECHNICIAN

PERIOD OF EMPLOYMENT : 21 APRIL 2017 TO 20 MAY 2018

PROFESSIONAL SKILLS ACQUIRED

DIALYSIS

- > Providing nursing care and support
- Vital Signs
- ➤ Administrations of Medicines (Oral & Injections)
- > Oxygen Therapy
- ➤ E.C.G
- > Ryles Tube Insertion
- > Urinary Catheterization
- ➤ IV Canula Insertion
- ➤ Bladder Irrigation
- ➤ A.B.G. Sampling
- > Total Parental Nutrition
- ➤ Glucose Random Blood sugar Checking
- C.V.P. Monitoring
- > Tracheostomy care
- Colostomy care
- ➤ Care of dialysis access(AVFistula &perm cath)
- > Cannulation of AVF and AVG
- > Assisted for temporary catheter insertion
- ➤ Haemodialysis and haemodiafiltration,ISO-UF,UF profiling
- Monitoring the patients like post operative cases, head injury organophosphorus poisoning, Hypotension, Hypoglycemia, Respiratory distress
- ➤ Maintaining the nutritional status of the patient
- > Teaching and guiding of junior staff nurses and student nurses

EQUIPMENT USED

○ Fresenius CRRT ➤ Gluco meter

machiene > ECG Machine

○ Fresenius 5008s and ➤ Thermometer

4008 Dialysis machiene > Nelson Inhaler

○ 2008 S Machine ➤ Emergency trolley

REFERENCES

1. DR. AHMED ABORAMA MD MRCP

NEPHROLOGIST

DAVITA LEHBI CARE

MOB:00966-583-666-772

E MAIL:dr.aborahma1981@hotmail.comkalash0909@gmail.com

2. Ms.DONAVILLA BOOTS PAGUIA

NURSING SUPERVISOR

DAVITA LEHBI DIALYSIS CARE

P.O Box 009701,11423,RIYADH,K.S.A

MOB:00966-509778571

3. Dr.MOHMAD KALASH MD

RESIDENT NEPHROLOGIST

DAVITA LEHBI DIALYSIS CARE

P.O Box 009701,11423,RIYADH,K.S.A

MOB:00966-580033129.

4. KELLY LEONARD ,MSN,RN-BC

NURSE MANGER, 3GABRILOVE

DIALYSIS AND IV THERAPY.

ST.PETER'S HOSPITAL.ALBANY, NEWYORK.

MOB.518-525-1711.

DECLARATION

I hereby declare that all the statements made above are true, correct and complete to the best of my knowledge and belief.

PLACE: THALAYOLAPARAMBU.

DATE:02/11/2018 BINCY JOHN.