

## **BIO DATA**

**NAME** : Mrs. ASHA. E. R

**ADDRESS** : KANDATHUMPATTIL  
KALAVAMKODAM P O  
CHERTHALA, ALAPPUZA  
PIN: 688536

**CONTACT NUMBER** : 9539367898

**EMAIL** : [rajeshasha06@gmail.com](mailto:rajeshasha06@gmail.com)



### **Educational Qualifications (Highest first)**

SL NO	TITLE OF QUALIFICATION	NAME & PLACE OF UNIVERSITY/BOARD	YEAR OF PASSING
1	Diploma in General Nursing and Midwifery	Kerala Nurses and Midwives Council	2007
2	Plus Two	Board of Higher Secondary Examination Kerala	2003
3	SSLC	Board of Public Examination Kerala	2001

### **Professional Registration (Nursing Council )**

SLNO	NAME & STATE OF NURSING COUNCIL	REGISTRATION NUMBER	DATE OF REGISTRATION
01	Kerala Nurses and Midwives Council	57343	2007

**Employment/Work Experience(Latest First)(You may add/delete rows as required)**

SL NO	DURATION OF EMPLOYMENT		NAME & PLACE OF HOSPITAL	BED CAPACITY	DEPARTMENT
	FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)			
1	15/04/2007	15/04/2008	KVM Hospital, Cherthala, Alappuzha	350	CCU, Labour room, General ward
2	12/05/2008	22/09/2008	KVM Hospital, Cherthala, Alappuzha	350	CCU
3	25/09/2008	11/10/2009	LISIE Hospital, Ernakulam	850	Neurosurgery
4	12/06/2012	Still continuing	KVM Hospital, Cherthala, Alappuzha	350	Emergency

<b>TOTAL EXPERIENCE</b>	<b>7 years and 10 months</b>
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**Personal Profile**

Name	Mrs. ASHA. E .R		
Date of birth	24/03/1986		
Gender	Female		
Name of Father	Raghavan		
Marital status (Married/Single)	Married		
Name of Spouse, if Married	Rajesh K P		
Nationality	Indian		
Religion	Hindu		
<b>Passport Details</b>			
Passport No:	G8491532	Date of Issue:	13/05/2008
Place of Issue:	COCHIN	Date of Expiry:	12/05/2018

**New Passport applied on 02/01/2018****Declaration**

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

PLACE: Cherthala

DATE:

NAME: Mrs. ASHA. E .R