**CURRICULUM VITAE**

**ANCILA SIMON**

**Njarakkattuveeli**

**Eramalloor P O**

**Cherthala**

**Alleppey Dist.**

**Pin:688537**

**Kerala**

**Mob:  9633169477**

**Email: ancilasimon@gmail.com**

**Objective:**

Effectively utilize rich and diverse abilities to serve my organization for its growth and other betterments and thereby become a big success in my professional and personal life.

***PERSONAL DETAILS***

Spouse's Name             :    Mr. Jeffin Joseph

Date of birth             :    17-07-1988

Gender             :    Female

Nationality            :    Indian

Languages known             :    Malayalam, Hindi  and English

Marital status             :    Married

working Department            :    Physiotherapist

***PASSPORT DETAILS***

Passport No.            :    P 1194903

***ACADEMIC  QUALIFICATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Institution** | **University/Board** | **Year of Passing** |
| Plus Two | Holy Family Higher Secondary, Kottayam | Board of Higher secondary, Kerala | March 2006 |
| S.S.L.C | St. Joseph’s Higher Secondary, Changanacherry | Board of Public Examinations , Kerala | March 2004 |

***PROFESSIONAL QUALIFICATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Institution** | **University/Board** | **Year of Studied** |
| MPT | School of Medical Education Gandhinagar , Kottayam | M.G. University | 2013-2015 |
| BPT | Bethany Navajeevan College of Physiotherapy, Nalanchira Trivandrum | University of Kerala  | 2009-2013 |

***WORKING  EXPERIENCE***

* Working as Physiotherapist in Believers Church Medical College Hospital, Kuttapuzha, Thiruvalla(From 2015 onwards)

***DECLARATION***

I hereby declare that the details above mentioned are true and correct to the best of my knowledge and belief.  I am able to do works for the patient successfully and sincerely. I will do my best if you are given me a chance to work there.

Place:  Eramalloor

Date:                                  **ANCILA SIMON**