**BIO-DATA**

Name : **SHAMILA V.S.**

Father’s Name : M. Shajan

Gender : Female

Nationality : Indian

Marital Single : Single

Age : 23 yrs

Date of Birth : 26-12-1994

Languages Known : Malayalam, English

Permanent Address : Vekanil House
Mundakkayam P.O.
Paingana, Kottayam Dist.
Pin – 686 513

Contact No. : 9744334268 (Direct)
9539326630

E-mail ID : shamilavs117@gmail.com

**QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Name of Institution** | **Year of Passing** | **Marks Obtained** |
| SSLC | St. Sebastians HS Thodupuzha | 2011 | 80% |
| Plus Two | St. George HSS Muthalakkodam, Thodupuzha | 2013 | 81% |
| B.Sc Nursing | Theophilus College of Nursing, Kangazha, Kottayam Dist. | Ist Year2nd year3rd year4th year | 63.3%61.29%63.05%60.28% |

**REGISTRATION**

Registered in Kerala Nursed and Midwives Council with Register No. KL03201803180 dated 17th day of February 2018

**EXPERIENCE**

Worked as a nurse in Believer’s Church Medical College Hospital, Thiruvalla.

**RELEVANT SKILLS**

* Compassionate patient Care
* Skilled in dealing with Psychologically emotional situations.
* Good attention to detail and observation
* Ability to respond question and offer solution
* Eager to work individually as well as part of a team.

**DECLARATION**

I hereby declare that all statement made in the application are true and complete to the best of my knowledge and belief.

Place : Kottayam

Date : 11-06-2018. **SHAMILA V.S.**