

## CURRICULUM VITAE

Name : **Dr. JIJU JACOB**

Address : 16/436,  
IllickalHouse  
Kazhuthumuttu  
Thoppumpady, Cochin - 682 005

Date of Birth : 01 June 1971

Age : 48

Marital Status : Married

Religion : Malankara Catholic

Father's Name : K.C Chacko

Spouse Name : Dr.Shine Mary

Educational Qualification : **MBBS**  
Passed the MBBS Examination of  
Mahathma Gandhi University  
Kottayam, Kerala (1995), from  
Govt. Medical College, Kottayam  
Completed 1 year compulsory rotatory  
internship from MCH, Kottayam

**MD (Gen. Med.)**  
Passed the MD  
Examination in Gen.  
Medicine of Rajiv Gandhi  
University, Bangalore  
from Father Muller's Medical  
College Mangalore in 2001

**Dip. Diab (USA)**  
Passed the Diploma in Diabetics from  
George Washington University, USA  
(Correspondence Course)  
Passed MRCP Part1 and Part 2

Languages Known : English, Hindi, Tamil, Malayalam, Kannada, Arabic

Working Experience : Worked as a Junior Doctor in Department of Medicine, Menanthottam Hospital, Ranni, Kerala From 1995 December to 1996 July

Post Graduate Student in MD General Medicine in Father Muller's College Managalore from 1996 July to 1999 July

Worked as Senior Registrar in Cardiology Pushpagiri Medical College Thiruvalla, Kerala From 1999 to 2001

Worked as Physician in Fathima Matha Mission Hospital, Kalpatta, Wayanad from 2001 to 2004

Worked as Specialist Physician in Kingdom of Saudi Arabia From 2004 October to 2009 March 31

Working as specialist Physician Al-Hilal Hospital, Kingdom of Bahrain From 2009 April to 2019 November.

Working as Senior Consultant Physician Fatima Matha Hospital, Perumpadappu and Gautham Hospital, Kochi from November 2019 to till date.

Worked as Assistant Professor in Medicine SSIMS and RC, Davengere Karnataka.

### **Abilities**

Able to manage complicated Cases indepentantenly can lead Physicians and able to run and Indepentant unit. Can take theory and practical classes for the DND Students in medicine.

Phone : 9606529150, 7907611812  
Email : drjijacob2004@yahoo.co.in  
Post Applied : **Senior Consultant Physician**

**Declaration**

I hereby declare that all the above given information are true and correct to the best of my knowledge and belief.

Date :

Place : Cochin

Signature