CURRICULAM VITAE

SHILGA RAJEEV,
PUTHUPPULLY HOUSE
POOPPATHY.P.O.
POYYA, THRISSUR- 680733
MOB: 9961533838
Email:shilgarajeev1996@gmail.com

OBJECTIVE:

To make contribution to the organization to the best of my ability and to apply knowledge of medication to improve patients health as a pharmacist.

PERSONAL DETAILS:

Post applied for	: PHARMACIST
Father's name	: Rajeev C
Mother's name	: Shylaja V.R
Date of birth	: 29-12-1996
Gender	: Female
Marital status	: Married
Religion	: Hindu
Nationality	: Indian
Languages known	' English, Malayalam
Permanent address	:PUTHUPPULLY HOUSE POOPPATHY P O POYYA, THRISSUR-680733

ACCADEMIC QUALIFICATIONS

SL.No.	Qualifications	Institution	Year	Remarks
1	S.S.L.C	SCGHSS, Kottakkal, Mala	2012	85%
2	Plus Two	AKM HSS, Powa	2014	75%

PROFESSIONAL QUALIFICATIONS

SL.No.	Qualifications	Institution	Year	Remarks
1	D. Pharm	Govt. Medical College, Kottayam	2017	63%

EXPERIENCE

I. 3 months Internship at Govt. Medical College, Kottayam.

2. 2 year as Pharmacist at Govt. Medical College, Kottayam.

3. 6 months as pharmacist at Neem Care Hospital, Mala.(Still Working)

DECLARATION

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

Place:

Date: Shilga Rajeev

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Name of Candidate :Name of Candidate :

2. Name in Regional Language : ഷിൽഗ രാജീവ്
3. Name of School : S.C.G.H.S KOTTAKKAL, MALA
4. Admission No. : 5891
5. Date of Birth (in figures) : 29/12/1996
   (in words) : TWENTYNINT
6. Sex : FEMALE
7. Religion & Caste : HINDU, EZHA
8. Whether SC/ST/OEC/OBC/GL : OBC
9. Nationality : INDIAN
10. Name of Mother : SHAILAJA .V
11. Name of Father : RAJEEV .P.C
12. Name of Guardian : RAJEEV .P.C
13. Home Address :

14. Identification Marks :
1. A BLACK MOLE ON THE JAW
2. A BLACK MOLE ON THE THROAT

29.05.12
Kochuthressia T.I
HEADMISTRESS

(School Seal)

Name & Signature of the Head

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First Languag
First Languag
English
Hindi
Social Science
Physics
Chemistry
Biology
Mathematics
Information T

A+	90% and above
A	80% - 89%
B+	70% - 79%

Eligibility for highe

BOARD OF PUBLIC EXAMINATIONS KERALA

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CHEMISTRY

MENT OF KE

This is to certify that Mr /Ms **SHILGA RAJEEV** .... appeared for the HIGHER SECONDARY I

(**SCIENCE** .... GROUP) held in **MARCH 2014** .... He/She is **ELIGIBLE** .... for higher studies.

The Scores and Grades obtained by the Candidate are shown below: No. of Chances : **1**

MEDICAL COLLEGE HOSPITAL DEVELOPMENT SOCIETY GANDHINAGAR,
KOTTAYAM-8

(Reg. No. K 1076/99)

Chairman .

District Collector

Kottayam. Phone : 25g2308, 2597356
Phone : 2562001

Secreta,'y
Superintendent

Medical College Hospital

Fax : 0481-2598284

Dt :03/03/2020

EXPERIENCE CERTIFICATE

This is to certify that Shilga Rajeev had worked as Pharmacist trainee in this Medical College Hospital under Hospital Development Society on contract basis for the periodfrom 01.11.2018 ***to 31.10.2019*** .

Her work, character and conduct are good.

PECRETARY

MEDICAL COLLEGE HOSPITAL DEVELOPMENT SOCIETY

GANDHINAGAR, KOTTAVAM-8

(Reg. No. K 1076/99)

Secretary

Chairman .
District Collector
Kottayam. Phone 2597311, 2597356 Phone : 2562001 Fax 0481-2598284

Superintendent
Medical College Hospital

Dt: 14/11/2018

EXPERIENCE CERTIFICATE

This is to certify that Shilga Rajeev had worked as Pharmacist trainee in this Medical College Hospital under Hospital Development Society on contract basis for the periodfrom 01.11.2017 to 31.10.2018.

Her work, character and conduct are good

SECRETARY

HOSPITAL DEVELOPMENT SOCIETY
Reg. No:
K.1076/99
GANDHINAGAR
KOTTAYAM
MEDICAL COLLEGE HOSPITAL

a) the manipulation •u Pharmaceutical apparatus in common use',
b) the reading. translation and copying of prescriptions including the checking of doses;
c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
d) the storage Of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

Date: 20/4/2017

Name of the Trainer Pharmacist } John Mathew

PRC No 14243

Signature of
Head of the Institution
(APPRENTICE MASTER)
(Name and Address of the Institution)

Superintendent
Medical College Hospital
Gandhi Nagar, Kottayam-8

(Seal)

Section IV

I certify that ---Shilga Rajeev--- (Name of the student Pharmacist) has undergone ---500---hours training spread over---3--- months (From---20-4-2017--- to ---25-8-2017---) in accordance with the details enumerated in section III.

Date:

Signature (Head ofthe Name&PRC No GOPINATHAN KN. Section

ofTrainer Pharmacist

29/8/17

)rganization or Pharmaceutical Division)

14243

John Mathew

Shilga Rajeev (N

VSTORE SUPERINTENDkNT
Gout: Medical College Hospital am, oog

I certify that (Name of student pharnÅc1sij has completed in all respect his practical training under regulation 20 of the Education Regulations framed under Section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved by the Pharmacy Council of India.

f the Academic Institution)

Principal
Govt. Medical College
Kottayam.

Date: 6/10/17

(Head oft%c

ANNEXURE 'B'

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(This is referred to Appendix 'E' in the Education Regulations 1991 for the Diploma Course in pharmacy (See regulation 21 (l) ofEducation Regulation 1991 and Paragraph 3

(i) of G.O. (MS) No.18/95/H&FWD dt.21.1.1995)

Section I

This form has been issued to SHILPA RAJEEV ..... (Name of Student Pharmacist) ~~son~~/daughter of RAJEEV P.C ..... residing at PUTHUPPULLY (H) P.O POOPPATHY, THRISSUR DIST, 680733 ..... who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under Section 10 of the Pharmacy Act, 1948.

Date: 25/01/2017

The Head of the Academic Training Institution

Section II

I Shilpa Rajeev ..... (Name of the student Pharmacist) accept John Mathew ..... (Name of the Apprentice Master) of ..... Govt. medical college, kottayam ..... (Name of Institution) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

(Stu ent Pharmacist)

Section III

I, John Mathew ..... (Narne Of the Apprentice Master) accept agree to give himmer training facilities in my organization so that during hisnler training he/she may acquire.

l. Working knowledge ofkeeping ofrecords requited by the rario Cts affecting the. profession of Pharmacy, and

2. Practical experience in: