

CURRICULAM VITAE

KRISHNAVENI T R

W/O LIVIN V V

VELIPARAMBIL HOUSE

MUNDAMVELI P O

PIN CODE : 682507

KOCHI

CONTACT NO : 8606771693

EMAIL : trkrishnaveni487@gmail.com

OBJECTIVES

Seeking Challenging career in your esteemed organization, where my knowledge can share and enrich, I would like to have an opportunity effectively for the growth of the organization.

NAME OF COURSE	NAME OF INSTITUTION	UNIVERSITY	YEAR OF PASSING
SSLC	HDP SAMAJAM HSS,EDATHIRINJI	BOARD OF KERALA	2012
HSE		BOARD OF HIGHER SECONDARY	2014
PROFESSIONAL QUALIFICATION	NAME OF INSTITUTION		YEAR OF PASSING
BSC NURSING	SNEHODAYA COLLEGE OF NURSING	KUHS UNIVERSITY	2018

PERSONAL DETAILS

NAME : KRISHNAVENI T R

FATHER NAME : RAMAKRISHNAN

D O B : 23.03.1997

SEX : FEMALE

MARITAL STATUS : MARRIED

EXPERIENCE

SL NO	NAME OF THE INSTITUTION	PERIOD	
		FROM	TO
1	CRAFT HOSPITAL & RESEARCH CENTRE,KODUNGALLUR	2019 FEBRUARY 01	2022 FEBRUARY 08

HOW CAN I CONTRIBUTE TO YOUR HOSPITALITY

My work sincerely attitude and professional qualification, I will contribute my very best to the progress of our valuable organization.

DECLARATION

I hereby state that the information given above is true and correct to the best of my knowledge and belief.

PLACE : MUNDAMVELI

DATE :

KRISHNAVENI T R