



ELVIN T. YACOB

THACHETHIL HOUSE, EZHAKKARANADU P.O.
PUTHENCRUZ Pin- 682308, ERNAKULAM, KERALA, INDIA.

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ACADEMIC QUALIFICATION

QUALIFI - CATION	INSTITUTION	UNIVER- SITY	YEAR	MARKS (%)
BSc Operation Theatre & Anaesthesia Technology	Karpaga Vinayaga Institute of Medical Sciences & Research Centre.	Tamilnadu Dr. MGR University	I st Year	70%
			II nd Year	60%
			III rd Year 2016-2019	62%
BSc Operation Theatre & Anaesthesia Technology	Karpaga Vinayaga Institute of Medical Sciences & Research Centre	Tamilnadu Dr. MGR University	Internship of 1 Year 2019-2021	
Plus 2	St. Peter's HSS Kolenchery	Kerala State Higher Secondary Education	2016	72%
SSLC	SPHS Thiruvaniyoor	Kerala General Education Board	2014	88%

PROFESSIONAL EXPERIENCE

Period : From 2nd December, 2019 – 31st March, 2021
Organization : Karpaga Vinayaga Institute of Medical Sciences & Research
Centre, Chinna Kolambakam, Madhurantagam.
Position : Internship – Anaesthesia Technologists.
Currently working as Trainee at St. Gregorios Medical Mission Hospital,
Parumala

OBJECTIVE

To develop my knowledge, Skills & my carrier and at the same time to be resourceful to the organization with the time to become a leading professional in the same.

SKILLS

- Preparing intravenous drugs.
- Checking and setting up the anaesthetic machine.
- Monitoring and maintaining patient's vital signs and anaesthesia depth.
- Good communication skill.
- Basic Life support.

STRENGTH

Hardworking, Good communication & Co-ordination skill, Initiative, Attentive to details and familiar with cross cultural environment. I have a good level of emotional intelligence to get along with colleague and I can keep myself cool hard times. I trained to be pro active.

PERSONAL DETAILS

Name : Elvin T. Yacob
Father's Name : Yacob T.A.
D/B : 28.03.1998
Gender : Male
Nationality : Indian
Religion : Christian
Mother tongue : Malayalam
Languages Known : Malayalam, English & Tamil
Blood Group : O+ve

REFERENCE

Dr. P. Manohar MBBS, MD (Anaesthesiology)
Reg. No.: 78972
Mob: 8603032609
Email: drmanoth@gmail.com

Dr. Mu.Raajaram MBBS, MD (Anaesthesiology)
Reg. No.: 62740
Mob: 9380667110
Email: muraajaram@yahoo.com

DECLARATION

I hereby declare that the above finished particulars are true to the best of my knowledge and belief.

Place:

Signature

Date:

Elvin T. Yacob