RESUME



ANU SIBY

HOME ADDRESS:-

ALLUNKAL HOUSE

CHEMMALAMATTAM P.O

POOVANKAL

KOTTAYAM (dist)

PIN:-686508

CONTACT

MOB.NO:-7510698542

7558909103

E-mail:-

anusiby067@gmail.com

Language Known:-

- ENGLISH
- MALAYALAM
- TAMIL

Educational Qualification:-

- S.S.L.C
- PLUS TWO
- Diplomai n X-RAY ,MRI,CT

Computer Knowledge:-

• M.S office

ADDRESS:-

ALLUNKAL HOUSE

CHEMMALAMATTAM P.O.,

POOVANKAL-KOTTAYAM-686508

ABOUT MYSELF

NAME :- ANU SIBY

DATE OF BIRTH :- 08-02-2001

AGE :- 21

SEX :- F

FATHER'S NAME :- SIBY SEBASTIAN

MOTHER'S NAME :- AMMINI SIBY

RELIGION :- CHRISTIAN

MARTIAL STATUS :- SINGLE

ADDRESS :- ALLUMNKAL (H),

CHEMMALAMATTAM P.O

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KOTTAYAM (dt)-686508

COMMUNICATION

ADDRESS :- ALLUMNKAL (H),

CHEMMALAMATTAM P.O

POOVANKAL

KOTTAYAM (dt)-686508

MOBILE NO. :- 7510698542

EDUCATIONAL QUALIFICATION

DIPLOMA IN X-RAY, MRI, CT 2018-2020

- CENTRAL BOARD OF EXAMINATION OF NACELL
- INSTITUTION:-LOURD MATHA SCHOOL OF NURSING MUTTOM
- PERCENTAGE OF MARK:- 87%

S.S.L.C 2016

- BOARD OF EXAMINATION
- INSTITUTION:-L.F.H.S CHEMMALAMATTAM
- PERCENTAGE OF MARKS:-75 %

EXPERIENCE:-

*1 year EXPERIENCE IN SAI KRISHNA SUPER SPECIALITY NEURO HOSPITAL KACHEGUDA, HYDRABAD

Departments (Radiology)

- *X-RAY
- *CT
- *MRI
- * ULTRA SOUND
- * 6 MONTHS EXPERIENCE IN MEDICAL TRUST HOSPITAL KALLAR (2021 januvary to June 2021)

Departments(Radiology)

*ECG,

*X-RAY, TS SPINE, LS SPINE, C SPINE and etc

*C-ARM,CT

DECLARATION:-

I HEREBY DECLARE THAT THE ABOVE MENTIONED INFORMATION'S ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDFGE AND BELIEF

Place:-	ANU SIBY
Date:-	