

ANAGHA ANN P S

Staff Nurse

Email : anaghaann98@gmail.com

Phone : (+91) 9061149011

Place : Kerala

Date : 23-01-2022



CAREER OBJECTIVE

To work with an organization which give me an opportunity to utilize my education and knowledge where I can prove my capabilities for professional growth.

PROFESSIONAL QUALIFICATION

QUALIFICATIONS	INSTITUTE	BOARD/UNIVERSITY	YEAR	PERCENTAGE
B.Sc. (N)	Athena College of Nursing (Mangalore)	Rajiv Gandhi University of Health Science	1st year	67%
			2nd year	68%
			3rd year	75%
			4th year	74%

EDUCATIONAL QUALIFICATION

Higher secondary passed out from **Bharathiya Vidhya Bhavan (CBSE)** with aggregate **57%** in **2017 Secondary education** passed out from **Little Flower English Medium School (CBSE)** with aggregate **90%** in **2015**

CLINICAL TRAINING EXPERIENCE (DURING COURSE)

DESIGNATION	YEAR	ORGANIZATION	DURATION
B.sc. (N)	1st year	Athena Hospital	1 month
	2nd year	Wenlock Hospital	2 months
	3rd year	Wenlock Hospital (Med.Surg), RAPCC (Pediatriy) Father Muller's (Psychiatry)	1 month each
	4th year	Lady Goschen Hospital (OBG)	3 months

SKILL SET

→ Operating System :Windows7/8/8.1/10

→ Packages :MSOffice2007/2010/2013/2016 with Outlook Email Setup

PERSONAL MINUTIAE

Date of Birth : 30 December, 1998
Nationality : Indian
Sex : Female
Age : 22
Marital Status : Single
Languages Known : English, Malayalam




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KERALA NURSES AND MIDWIVES COUNCIL
RED CROSS ROAD, THIRUVANANTHAPURAM-35

Application No : **BSC/REG/O/2022/6709**
Application Date : **10/12/2022**
Name : **ANAGHA ANN P S**
Course : **B.Sc. Nursing**
Permanent Address : **VALAKKAMATTATHIL HOUSE ARIMANAL P O
KALIKAVU VIA MALAPPURAM D T KERALA
PIN 676525**
Date of Birth : **30/12/1998**
Gender : **Female**
State : **Kerala**
District : **Malappuram**
Phone : **9061149011**
Email : **anaghaannps98@gmail.com**
Nationality : **INDIA**
Parent Name : **SHANTI MATHEW**
Institute : **ATHENA INSTITUTE OF HEALTH SCIENCES**
University : **RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES KARNATAKA**
Last Registered Council : **Karnataka Nursing Council**
Final Exam Result Date : **Not Applicable**
Period Of Training From : **September 2018** To: **November 2021**
Session of Final Exam : **November 2021**



I hereby accept that the statements made in the form are true to the best of my knowledge and belief and that I am free the disqualifications mentioned in Section 6 of the Nurses & Midwives' Act 1953, as amended and promise in the event of my being registered and in consideration there if to be bound by and to confirm in all respect to the rules, regulations etc, framed by the council from time in force.


Signature of Candidate

Date: 10-12-2022



**Kerala State Nursing Council
Online Payment Slip**

This copy is to be kept by the applicant as a proof of online payment done for future reference.

Name	ANAGHA ANN P S
Amount	1,000.00
Transaction ID	16374679611
Reference ID	BSC/REG/O/2022/6709
TransactionDate	10/12/2022