**CURRICULAM VITAE**



From

**RIYA MOL P SAJI**

PALACHUVATTIL HOUSE

THRISSILERY P.O

KARTIKULAM

WAYANAD DIST

KERALA – 671646

Mob: 8590635706

E-mail: riyamolpsaji@gmail.com

Respected Sir/Madam,

**Sub: Application for the post of Staff Nurse**

I would like to apply for the post of Nursing Staff in your Hospital. I have a very good academic background in GNM Nursing has enabled me to develop and strengthen my skills further in the medical field. I believe that I can make a significant and valuable contribution to your hospital.

Thanking you and awaiting a positive from you.

Yours Faithfully

**RIYA MOL P SAJI**

Place: WAYANAD DIST, KERALA

Date:

**PERSONAL PROFILE**

Name : **RIYA MOL P SAJI**

Father’s Name : Saji P M

Date of Birth : 28/05/1999

Gender : Female

Marital Status : Single

Religion : Christian

Nationality : Indian

Mobile : 8590635706

E-mail : riyamolpsaji@gmail.com

**OBJECTIVES**

* To be proficient performer in the field of Nursing
* To strive for the highest level of competency and personally
* To work in team towards the betterment of the organization

**PERSONAL STRENGTH**

* Pleasing personality
* Versatile Working behavior
* Good communication skills
* Willingness to learn and update myself with new methodologies and technologies
* Positive attitude and team spirit
* Team work

**ACADEMIC QUALIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **School/College** | **Steam** | **University** | **Year of Passing** | **Percentage** |
| SSLC | GHSS Thrissilery | Regular | Board of Kerala | March 2015 | 89 |
| PLUS TWO | GHSS Thrissilery | Science  | Board of Kerala | March 2017 | 75 |

**PROFESSIONAL QUALIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Institution**  | **Council**  | **Year**  | **Year of Passing** | **Percentage** |
| GNM Nursing  | School of Nursing St. Thomas Mission Hospital, Kattanam | Kerala Nurses & Midwives Council  | 1st Year2nd Year3rd Year | 201820192021 | 757579 |

**EXPERIENCE**

* 1 year experience at Almas Hospital, Kottakkal, Malappuram.

**TRAINING EXPERIENCE**

* Hospital training (for medical Surgical) at **GOVERNMENT TALUK HOSPITAL**, Kayamkulam.
* Phychiatric training at **KCM HOSPITAL** Nooranad.
* Hospital Training (for OBG) at **EBENZER** **HOSPITAL**, Kayamkulam.
* Hospital Training at **ST. THOMAS MISSION HOSPITAL**, Kattanam.

**DETAILS OF REGISTRATION**

|  |  |
| --- | --- |
| Nursing Registration  | Registration Number |
| Kerala Nurses & Midwives Council | KL01202101889 |

**DECLARATION**

I hereby declare the above furnished information is complete and to the best of my knowledge and belief.

 Thanking you

 Yours faithfully

Date: **RIYA MOL P SAJI**

Place: WAYANAD DST, KERALA