



SNEHA S

|| Physiotherapy



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West Hill, Kozhikkode, Kerala



snehasraj04@gmail.com

OBJECTIVE

Dedicated Physiotherapist focused on development of results achieving treatment for patients in rehabilitative and various setting by providing high quality care to patients. Calm and understanding personality with excellent communication skills. I will be able to put patients at ease

PERMANANT ADDRESS

Shalom
Kuttivayal, West Hill
Kozhikode(Dist)
Kerala,India,
PIN:673005

PERSONAL DATA:

Date Of Birth : 13-Sep-1999
Sex : Female
Nationality : Indian
Marital Status : single
Religion : Christian
Linguistic proficiency : English, Hindi
Malayalam,
Tamil

EDUCATION

- Bachelor of Physiotherapy (BPT)-2022
P.P.G College of Physiotherapy,
Coimbatore, Tamilnadu
- Advanced Diploma in acupuncture-2021
Bharath Seva Samaj
- Diploma in Acupuncture -2020
Bharath Seva Samaj
- Higher Secondary -2017
State Bord of Examination
St.Michael's G.H.S.School, Kozhikode
- SSLC -2015
State board of examination
B.E.M.G.H.S.School , Kozhikode,Kerala

PERSONAL SKILLS:

Self Confidence
Sincere & Hardworking
Good Computer Knowledge
Leadership And Handling

CORE COMPETENCIES

- Excellent Communication Skills to effectively interview patients & bystanders with other health care professionals to ensure effective therapy.
- Organized & Oriented with strong time management skills.
- Consistently high scoring on patient satisfaction surveys
- Proficient in performing accurate and detailed point of care documentation
- Knowledgeable of the latest developments in evidence based

PROFESSIONAL EXPERIENCE



CLINICAL Experience

KINESIO Rehabilitation centre, ulliyeri, Kozhikode (8 month)

INTERNSHIP



Aswin Hospital, Coimbatore (1month)



Meitra Hospital, Kozhikode (5months)

CLINICAL POSTING

- Jayam Special School, Coimbatore (1month)
- One Care Hospital, Coimbatore (2months)
- Bethel Hospital, Coimbatore (2months)
- Kumaran Hospital, Coimbatore (1month)
- Aswin Hospital, Coimbatore (1month)



PROFESSIONAL QUALIFICATION

- Therapeutic Taping
- Soft Tissue Manual Therapy
- Neuromanual Therapy

DECLARATION



I hereby declare that the information provided above is factually true and correct to the best of my knowledge and belief and if given an opportunity will exhibit my best and most my creative efforts at all times.

Place:

SNEHA S

Date: