

PERMANANT ADDRESS

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

PERSONAL DATA:

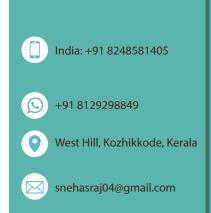
| Date Of Birth | : 13-Sep-1999 |
|---|---------------|
| Sex | : Female |
| Nationality | : Indian |
| Marital Status | : single |
| Religion | : Christian |
| Linguistic proficiency : English, Hindi | |
| | Malayalam, |
| | Tamil |

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



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

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 pertorming 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)

ROFESSIONAL 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: Date: