

Mis.ELIZABETH ELDHOSE



D/o. Eldhose o.v
Odoli House,
Keerampara p.o, punnekad
Ernakulam Dist, Kerala, Pin – 686681
Mobile:+91 – 7902917678 ,9846482751
Email: elizabetheldhose712@gmail.com

CAREER OBJECTIVE:

Seeking a reputed position on a well established nursing Department with major responsibilities that will effectively utilize my professional skills, communication, leadership and organizational skills.

PERSONAL PROFILE:

Name	:	ELIZABETH ELDHOSE
Father's Name	:	ELDHOSE O.V
Date of Birth	:	12-january-2001
Sex	:	Female
Religion	:	Christian
Marital Status	:	Unmarried
Blood Group	:	O+ve
Nationality	:	Indian
Languages Known	:	English, Kannada, Malayalam, Tamil

ACADEMIC QUALIFICATIONS:

Course	Name of the Institution	University	Year of Passing
S.S.L.C	St. Stephen's Girls High School Keerampara	Board of Secondary Education, Kerala	2016
PLUS Two	St.Stephen's Higher Secondary School Keerampara	Board of Higher Secondary Examination	2018

PROFESSIONAL QUALIFICATION & REGISTRATION :

Course	Name of the Institution	University	Year of Passing
B.Sc Nursing	KVG Institute of nursing Sciences	Rajiv Gandhi University	2022

WORK EXPERIENCE:

Fresher

PROCEDURE PERFORMED:

- Sponge Bath
- Bed Making
- Vital Signs
- Monitoring intake / output
- Administer medications/ injections
- IV cannulation
- N.G tube feeding
- O₂ administration
- Care of wound

DECLARATION:

I here by declare that the above written particulars are true to the best of my knowledge and belief.

Date :

Place : Bangalore

ELIZABETH ELDHOSE



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KERALA NURSES AND MIDWIVES COUNCIL

RED CROSS ROAD, THIRUVANANTHAPURAM-35

Application No : **BSC/REG/O/2023/5507**

Application Date : **10/07/2023**

Name : **ELIZABETH ELDHOSE**

Course : **B.Sc. Nursing**

Permanent Address : **ODOLI HOUSE KEERAMPARA P O
PUNNEKKAD 686681**

Date of Birth : **12/01/2001**

Gender : **Female**

State : **Kerala**

District : **Ernakulam**

Phone : **7902917678**

Email : **elizabetheldhose712@gmail.com**

Nationality : **IDNIAN**

Parent Name : **ELDHOSE O V**

Institute : **KVG INSTITUTE OF NURSING SCIENCES SULLIA**

University : **RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALORE**

Last Registered Council : **Karnataka Nursing Council**

Final Exam Result Date : **Not Applicable**

Period Of Training From : **October 2018 To: December 2022**

Session of Final Exam : **December 2022**



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: 10-07-2023