

# *CURRICULAM VITAE*

Miss. SREENU. S  
SREENA BHAVANAM  
AICKADU  
KODUMON. P O  
PATHANAMTHITTA  
PIN. 691555  
PH.No.9526486185  
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## Position Applied For

NURSING OFFICER

Respected Sir,

Miss. Sreenu. S completed GNM Nursing course at Pranavam School of Nursing, Punalur, Kollam which is affiliated to the KERALA NURSES AND MIDWIVES council THIRUVANANTHAPURAM

I wish to join your Esteemed Institution and there by acquire professional knowledge and expertise. I humbly request you to consider my application for the staff nurse.

If given an opportunity, I am confident that I will carry out the duties with extreme commitment and satisfaction of my superiors.

I hereby enclose my C.V. for your kind perusal and favourable action  
Anticipating positive replay at the earliest.

Yours faithfully

ADOOR  
DATE

[SREENU. S]

### ***PERSONAL DETAILS***

Father's Name : Sasi.PK  
Date of birth : 11/05/1999  
Sex : Female  
Marital status : single  
Religion : Hindu  
Nationality : Indian  
Language known : Malayalam, English, Hindi  
Hobbies : Listening Music & Reading books

### **PROFESSIONAL QUALIFICATION**

Course	Board /University	Institution	Year of passing	Percentage
GNM	Kerala nursing council	Pranavam school of Nursing	2021	74 %

### **PROFESSIONAL REGISTRATION**

Name of authority	Date	Reg.No
Kerala Nursing Council	July 2021	KL01202101172

### **PERSONAL QUALITIES**

I believe I possess the following qualities which would be as to my employer

- Genuine care for the patients and people
- Hard working
- Maintaining personal hygiene
- Pro-active in suggesting and implementing
- Continuing surgical education
- Co-operative with fellow workers
- Punctual
- Cheerfulness

### **EXPERIANCE**

1. 1 Year 1 months Experience in Life Line Super Speciality Hospital, Adoor From 10<sup>th</sup> Jan to 31<sup>st</sup> Jan 2023 as NURSING OFFICER  
Department Neonatal I C U Level III
2. Baby Memorial Hospital Ltd Calicut 22/02/2023 to 23/12/2023 as NURSING OFFICER  
Department Neonatal I C U Level III

### **DECLARATION**

I SREENU. S do here by declare that the information give above are true and correct to the best of my knowing and belief. I am fully confident that I am able to discharge my duties to the extreme satisfaction the institution, patients and public.

Place:

Date:

SREENU .S