

## CURRICULUM VITAE



Name: **Sana Mohamed.**

Birth date: May 2, 1987

Address: A21, Tata Green Acres, Goshree Chatiyath road, Ernakulam,  
Kochi- 682018, Kerala

Telephone number: 9886830518

Email: [sanamohamed123@gmail.com](mailto:sanamohamed123@gmail.com)

### Medical Qualifications:

#### **M.B.B.S**

Date Granted : 27-08-2011

University: Amrita Vishwa Vidyapeetham University, India

Medical College: Amrita Institute of Medical Sciences and Research Centre, Kochi, India

Period of Study: August 2005 to March 2011

#### **Internship**

Period: March 2010 to March 2011

Hospital: Amrita Institute of Medical Sciences and Research Centre, Kochi, India



## **M.D. Pathology**

Date Granted: 23-07-2015

University: Rajiv Gandhi University of Health Sciences

Medical College: MS Ramaiah Medical College, Bangalore

Period of Study: May 2012 to April 2015

### **Research Experience and Thesis:**

" Systematic Pattern Analysis Of Fine Needle Aspiration Cytology Of Breast Lesions With Histomorphological Correlation" - A study conducted on 87 patients from May 2010 to May 2014".

### **Work Experience:**

- Date- 11-01-2023 to 28-04-2023

Specialist Medical Officer

Dept of Pathology,

Ernakulam General Hospital, Kochi - 682011

Experience gained in peripheral blood film reporting, grossing, histopathology reporting etc.

- Date- 1-07-2023 to present

Consultant Pathologist

Histopathology department,

Medivision, Kochi-682016

Experience gained in peripheral blood film reporting, cytopathology reporting, histopathology reporting etc.



ಕ್ರ.ಸಂ. 037136



ರಾಜಿವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ  
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES  
KARNATAKA

ಡಾ|| ಸನ ಮೊಹಮದ್ ಸಿದ್ದಿಖ್

ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು  
ಏಪ್ರಿಲ್ ೨೦೧೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ  
ಡಾಕ್ಟರ್ ಆಫ್ ಮೆಡಿಸಿನ್ (ಪಥಾಲಜಿ)

ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು, ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ

ನಾವು ೦೫ನೇ ಏಪ್ರಿಲ್ ೨೦೧೬ ರಂದು ನಡೆದ ೧೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the  
members of the Senate and the Syndicate confer*

**DOCTOR OF MEDICINE (PATHOLOGY)**

*on*

**Dr. SANA MOHAMED SIDDIQUE**

*in recognition of fulfillment of the requirements for the said  
Post Graduate Degree in the examination held during* **APRIL 2015**

*Given under the seal of the University, in the*

**18<sup>th</sup> Convocation held on 05<sup>th</sup> APRIL 2016**



*Vice-Chancellor*



*Bengaluru Date : 05/04/2016*

Reg. No. : 12MY180

College : M.S.RAMIAH MEDICAL COLLEGE, BANGALORE





KFM05MB077



# AMRITA VISHWA VIDYAPEETHAM UNIVERSITY

C01409

Established u/s 3 of the UGC Act 1956

## Faculty of Medicine

*Amrita Vishwa Vidyapeetham hereby confers the degree of*  
**Bachelor of Medicine and Bachelor of Surgery**

on

**Sana Mohamed Siddique**

*upon having satisfied during March 2011, all the academic requirements and on having completed satisfactorily the prescribed house surgery for a period of one year, as laid down by the Academic Council, for the award of the said Degree.*

*Given on this day, the 27th of August 2011, under the seal of the University.*



HQ: Coimbatore-641 112, India  
Campus: Kochi -682 041

Sri Mata Amritanandamayi Devi  
Chancellor

Registrar

Vice-Chancellor

President



THE TRAVANCORE-COCHIN COUNCIL  
OF  
MODERN MEDICINE  
CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER

43472



Name : Dr. SANA MOHAMED SIDDIQUE  
Father's Name : K.M. SIDDIQUE  
Date of Birth : 02-05-1987  
Permanent Address : FLAT NO. 10-D, PEEVEES TRITON, MARINE DRIVE,  
KOCHI, ERNAKULAM, KERALA.  
Qualification : M.B.B.S.  
(BACHELOR OF MEDICINE AND BACHELOR OF SURGERY)  
Year of award of Degree : 2011  
Name of the Medical College : AMRITA SCHOOL OF MEDICINE, KOCHI.  
Name of the University : AMRITA VISHWA VIDYAPEETHAM UNIVERSITY

I hereby certify that Dr. SANA MOHAMED SIDDIQUE has been registered as a practitioner in Modern Medicine under the Travancore-Cochin Medical Practitioners' Act, 1953 on the 5th day of August 2011 at Thiruvananthapuram.

Thiruvananthapuram,

Date: 05-08-2011.

SL.No:16848

Information

1. Change of address must be communicated to the Registrar.
2. Additional qualifications, if any, should be separately registered.

*Akumputin*

REGISTRAR

N. KESAVAN NAMPOOTHIRI  
Registrar  
Travancore-Cochin Medical Councils  
Red Cross Road  
Thiruvananthapuram-695 035





**NATIONAL HEALTH MISSION – AROGYAKERALAM, ERNAKULAM**

**DISTRICT HEALTH & FAMILY WELFARE SOCIETY, No. ER 236/2007**

No.9, Anchorage, Palliyil Lane, Foreshore Road, Cochin-682016

Phone 04842354737, Mail – [dpmekm@gmail.com](mailto:dpmekm@gmail.com)/[nrhmekm@gmail.com](mailto:nrhmekm@gmail.com)

**No.DPMSUEkm/1514/ADMN/2015**

**Dated 28.04.2023**

**CERTIFICATE**

This is to certify that **Dr.Sana Mohamed** was appointed as **Specialist (Pathology) Medical Officer** on contract and posted to **General Hospital Ernakulam** under **National Health Mission**. She had joined duty on **11.01.2023** and resigned on **20.04.2023**.

Her character, conduct and work were good.



*Nikhilesh*

**Dr.Nikhilesh Menon R**  
**District Programme Manager**