

CURRICULAM VITAE

NOYAL K THOMAS

Kamukumplackal House,
Mandiram P.O
Ranni-689672
Pathanamthitta District,
Kerala State,India
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OBJECTIVE

To work in a well- established organization that gives me ample opportunities to apply my skills, to grow, and to contribute effectively by being a key and an effective team player.

PERSONAL DETAILS

Name : NOYAL K THOMAS
Father's Name : Mr. K C Thomas
Date of birth : 07/01/1992
Gender : Female
Religion : Christian
Nationality : Indian
Marital status : unmarried
Languages known : English, Malayalam, Hindi, Telugu
Contact Address : Kamukumplackal House,
Mandiram P.O
Ranni-689672
Pathanamthitta District,
Kerala State,India

ACADEMIC QUALIFICATION

Qualification	Year of passing	Name of Institution	Remarks
S.S.L.C	2007	S.C Higher Secondary School Ranny	Passed
Plus Two	2010	Maharajas College ,Kottayam(National Institute of Open School)	Passed

PROFFESIONAL QUALIFICATIONS

Qualification	Year of passing	Board	Remarks
Diploma in General Nursing and Midwifery	2014	S.V.S School of Nursing (Dr. N.T.R.University, Mahabub Nagar, Telungana)	Passed

REGISTRATION DETAILS

Nursing Council : Kerala Nurses & Midwives Council

Registration No : KL02201500668

Date of Registration : 26th March 2015

Validity : 25th March 2025

WORK EXPERIENCE

1. Hospital : Bristlecone Hospital, Hyderabad
Period : March 1st 2016 to April 8th 2017
Designation : Staff Nurse
Department : Medical ICU
2. Hospital : Tanvir Hospital
Period : March 9th 2020 to December 28th 2022
Designation : Staff Nurse
Department : Surgical Ward

DUTIES AND RESPONSIBILITIES

- Doing Admission procedures
- Collect history of patients
- Assessing planning, implementation and evaluation of nursing intervention using nursing process. Maintain good nursing patients nurse relationship
- Monitor vital signs
- Monitoring intake and output chart
- Maintain patient's records
- Pre and post –operative care of patients.

EQUIPMENT USED

- Bipap Machine
- Laryngoscope
- Pulse Oxymeter
- BP Apparatus
- Stethoscope
- ECG Machine
- Glucometer
- Thermometer
- Steam inhaler
- Ambu Bag
- Portable Suction Machine

DECLARATION

I hereby declare that all the above details are true and fair to the best of my knowledge. Certificates and reference will be presented as and when required.

Place:

Date :

NOYAL K THOMAS