# **CURRICULUM VITAE**

NEETHUMOL M S MUNDACKAL HOUSE PARAPPURAM P O KANJOOR Pin - 683575

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#### **CARRIER OBJECTIVE:**

To persue a good career in Medical laboratory Technology. To use my extensive knowledge of laboratory procedures and protocols to provide accurate test results for healthcare providers.

#### **AREAS OF INTREST:**

HOSPITAL LABORATORY, DELIVERING LECTURES, SPECIALIZED MEDICAL LABORATORIES, FACULTY FOR MEDICAL LAB COURSES, BLOOD DONOR CENTERS, DOCTERS OFFICE OR CLINIC, PRIVATE LABORATORY.

# **EDUCATIONAL QUALIFICATIONS:**

| Sl No. | <b>Examination Passed</b> | Institution   | Duration  | University /Board                                      | Percentage     |
|--------|---------------------------|---|-----------|--|----------------|
| 1      | B .Sc MLT                 | Co-operative Institute<br>of Health Sciences,<br>Thalassery | 2017-2022 | Kerala University<br>of Health Sciences                | First<br>class |
| 1      | Plus Two                  | GHSS Chowara  | 2015-2017 | Board of higher<br>secondary<br>examination<br>Kerala. | 89 %           |
| 2      | S.S.L.C                   | St.Joseph GHSS<br>Chengal Kalady                            | 2014-2015 | Board of public examination Kerala.                    | 94%            |

#### **ACHIEVEMENTS AND HONOURS:**

- **Completed Bachelor of Science in Medical Laboratory Technology from Co-operative Institute of Health Sciences, Thalassery during 2017-2022.**
- Participated in National Conferences of Students Association of Medical Laboratory Technologists (SAMT),

SILEX 2017 conducted at Govt. Medical College Calicut.

SILEX 2018 at West Fort Institute of Paramedical Science, Thrissur

SILEX 2019 at MIMS Calicut

## SKILLS:

- > Phlebotomy
- > Hematology
- > Microbiology
- **Blood Banking**
- > Histopathology
- **Lab equipments**

#### PERSONAL DETAILS:

Date of Birth : 18/03/2000

Gender : Female.

Marital Status : Single

Nationality : Indian

Father's name : Sivan M V

Languages Known : English & Malayalam

#### **REFERENCES:**

#### Dr. SAJI.V T

## **Principal**

Co-operative Institute of Health Sciences Thalassery.

9446100868, cihsthalassery@gmail.com

#### **DECLARATION:**

I hereby declare that all the details furnished above are true to the best of my knowledge. If I am given opportunity, I will strain every nerve to add value to your organization

Place:

Date: