Name : **MERIN PETER**

MADUKKOLIL HOUSE

MAMMOOD P.O,NADACKAPADOM

Address : CHANGANACHERRY,KOTTAYAM

KERALA, PINCODE-686536

Contact Number : 8921989963,8921193981

Email : merinapeterjesus1993@gmail.com



OBJECTIVE:

TO BE PROFICIENT AND EXCEL IN THE FIELD OF NURSING MEDICAL AND SURGICAL WARD.

EDUCATIONAL QUALIFICATIONS:

| SL NO | TITLE OF QUALIFICATION | INSTITUTION | NAME & PLACE OF UNIVERSITY/BOARD | MARKS OBTAINED (%) | YEAR OF PASSING |
|----------|---------------------------|---|---|--------------------------|-----------------------|
| 1 | Bsc NURSING | HOLY MARY COLLEGE OF NURSING,HYDERABAD | DR.N.T.R UNIVERSITY OF HEALTH SCIENCE,ANDHRA PRADESH,VIJAYAWADA | 75 | 2014 |
| 2 | PLUS TWO | St.PETERS HSS KURUMPANADOM | BOARD OF HIGHER SECONDARY EXAMINATIONS | 66 | 2010 |
| 3 | SSLC | St.PETERS HSS KURUMPANADOM | BOARD OF PUBLIC EXAMINATIONS,KERALA | 75 | 2008 |

WORK EXPERIENCE: 7 Years and 9 Months

| SL | DURATION OF EMPLOYMENT | | NAME & PLACE OF ORGANIZATION | DESIGNATION | |
|----|---------------------------|------------|------------------------------|------------------------|--|
| NO | FROM | ТО | NAME & FLACE OF ORGANIZATION | DESIGNATION | |
| | | | CARE | STAFF NURSE & SHIFT IN | |
| 1. | 06-07-2015 | 25-09-2018 | HOSPITAL,NAMBALLY,HYDERABAD, | CHARGE IN MEDICAL AND | |
| | | | ANDHRA PRADESH,INDIA | SURGICAL WARD | |
| | | | | STAFF NURSE IN MEDICAL | |
| 2. | 07-07-2019 | 09-04-2021 | ALMANA GENERAL HOSPITAL | AND SURGICAL WARD AND | |
| | | | KHOBAR, SAUDI ARABIA | FAECU (FEMALE ADULT | |
| | | | | EXTENDED CARE UNITS) | |
| | | | | NURSING OFFICER IN | |
| 3 | 11-08-2021 | 13-04-2023 | BABAY MEMORIAL | MEDICAL AND SURGICAL | |
| | | | HOSPITAL,KOZHIKODE | WARD,CARDIOLOGY AND | |
| | | | | CARDIO THORACIC WARD | |

REGISTRATION:

REGISTRATION UNDER KERALA STATE NURSING COUNCIL.

REGISTRATION NO :- KL04202101269

REGISTRATION DATE: - 6 MAY 2021 TO 5 MAY 2026

CLINICAL EXPERIENCE OBTAINED DURING THE COURSE:

| SL NO | CLINICAL EXPERIENCE | INSTITUTION | | |
|----------|---------------------|--|--|--|
| 1. | PSYCHIATRIC | INSTITUTE OF MENTAL HEALTH HOSPITAL,ERRAGADDA,ANDHRA PRADESH | | |
| 2. | MEDICAL SURGICAL | PREMIER MULTISPECIALITY HOSPITAL MEHANDIPATTANAM,ANDHRA PRADESH | | |

LANGUAGES KNOWN:-

PERSONAL DETAILS:

| FATHER'S NAME: | PATHROSE PATHROSE | | | | | |
|-------------------|-------------------|-----------|-----------------|-----------------|------------|---------|
| DATE OF BIRTH: | 11-01-1993 | | AGE: | | 31 | |
| GENDER: | | FEMALE | | MARITAL STATUS: | | MARRIED |
| RELIGION: | | CHRISTIAN | | NATIONALITY: | | INDIAN |
| PASSPORT DETAILS: | | | | | | |
| PASSPORT NO: | B8370547 | | DATE OF ISSUE: | | 20-12-2023 | |
| PLACE OF COCHIN | | | DATE OF EXPIRY: | | 19-12-2033 | |

REFERENCE:-

Sr.LISSYMOL PHILIP PRAJITHA PRAKASH

DGM NURSING STAFF NURSE

CARE HOSPITAL DEPARTMENT OF FAECU(FEMALE ADULT

EXTENDED CARE UNITS)

HYDERABAD,NAMPALLY KHOBAR,SAUDI ARABIA PHONE NO:- 09866540077 PHONE NO:- 0561339591

DECLARATION:

I HERE BY DECLARE THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PLACE: NADACKAPADOM MERIN PETER

DATE: 17-02-2024 Sd/-