

ABIJITH K ANIL



CONTACT



Address

KASTHOORIKUNNIL HOUSE, KOTTOOR P. O, KAVIYOOR, THIRUVALLA-689582



Phone

8129419471



Email



PERSONAL DATA

Father's Name : Anil K K Mother's Name: Lalitha Anil Date of Birth : 24th April 1998

: Male Gender

Marital Status : Single : T4489284 Passport No.

Driving Licence. : KL27 20160002133



LANGUAGES

- Malayalam



HOBBIES

- Listening Music
- Playing Cricket



CAREER OBJECTIVE

To boost my career and benefit the organization using my organizational and goal oreientation skills

EDUCATION

- Diploma in Hospital Administration (April 2024) **Euresian Institute of Management**
- Higher Secondary (March 2015) **N.S.S H.S.S KAVIYOOR**
- S.S.L.C (March 2013) C.M.S High School Mundiappally



INTERNSHIP

· Internship in Department of Operations facility management at BELIEVERS CHURCH MEDICAL COLLEGE HOSPITAL THIRUVALLA (Jan 2024- April 2024)



AREA OF INTEREST

- · Quality management
- Information technology
- Operation management



SKILLS

- · Comprehensive problem solving
- · Good verbal and communication skill
- · Ability to deal with people diplomatically
- Basic Computer knowledge
- · Willing to learn team leader



DECLARATION

I hereby declare that the above mentioned Information is true up to The best my knowledge and belief. I bear the responsibility for the correctness of the above mentioned particulars

Thiruvalla

Abijith K Anil