

CURRICULUM VITAE

Personal Information

Name : SHIBU.P.CHERIAN

Name as in passport :SHIBU PURAYIDATHIL CHERIAN

Current Address : PURAYIDATHIL HOUSE, KEEKOZHOOOR P.O,
RANNY, PATHANAMTHITTA, KERALA, INDIA
PIN: 689672



Passport Address : PURAYIDATHIL
HOUSE,
KEEKOZHOOOR
PO,RANNY,PATHANA
MTHITTA,PIN:689672,
KERALA,INDIA

Personal Details

Nationality : INDIAN

Age : 36

Date of birth : 27-03-1986

Gender : MALE

Marital Status : MARRIED

Religion & Cast : CHRISTIAN ,MARTHOMITE

Languages Known : ENGLISH ,HINDI & MALAYALAM

Driving License number :3/6343/2009
Contact : +91 7829401516 , 9562386696
Mail-ID : Shibu54@YAHOO.COM

Passport Details

Passport No : T 9896459
Date of Issue : 01-10-2019
Date of Expiry : 30-09-2029
Place of Issue : TRIVANDRUM

Educational and Professional Qualification

COURSE	INSTITUTION	UNIVERSITY/BOARD	YEAR
SSLC	GOVT.H S KEEKOZHOOOR	GOVERNMENT OF KERALA EDUCATION DEPARTMENT	2001
HIGHER SECONDARY	K.R.P.M.HSS SEETHATHODE	GOVT OF KERALA BOARD OF HIGHER SECONDARY EXAMINATION	2003
DIPLOMA IN GENERAL NURSING AND MIDWIFERY	KREDA SCHOOL OF NURSING, BANGALORE	KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD	2006

Registration Certificate**Registration Number: KL02201600546****Professional Experience**

Name of Hospital	Position Held	Period	Experienced Clinical Areas
POYANIL HOSPITAL, KOZHENCHERRY, KERALA	STAFF NURSE TRAINEE	20-09-2007 TO 24-03-2007	MEDICAL AND SURGICAL WARD
DEENANATH MANGESHKAR HOSPITAL,PUNE	STAFF NURSE	02-04-2007 TO 30-06-2009	PICU
LIVE100 HOSPITAL ,BANGALORE	STAFF NURSE	15-09-2010 TO 30-08-2015	ICU
MUTHOOT HOSPITAL, KOZHENCHERRY, KERALA	STAFF NURSE	16-11-2015 TO STILL CONTINUE	ICU

Duties and Responsibilities

- .ADMISSION AND DISCHARGE PROCEDURE
- .EFFECTIVE COMMUNICATION,PATIENT IDENTIFICATION,PATIENT SAFETY,
- .ABLE TO ASSIST THE CARDIO PULMONARY RESUSCITATION
- .MAINTENANCE OF UNIT AS A WHOLE INCLUDING BIO MEDICAL EQUIPMENTS
- COMPLETE CARE OF CRITICAL PATIENTS,CARE OF VENTILATOR PATIENTS
- ASSISTING IN ALL BED SIDE PROCEDURE
- ADMINISTRATION OF MEDICINE (ORAL AND INJECTIONS)

REFERENCE

MRS.SHIRLY SHIBU
NURSING OFFICER
MUTHOOT HOSPITAL
KOZHENCHERRY,KERALA

PH: +91 9497080957

Declaration

I hereby declare that the above statements are true to the best of my knowledge and belief.

Place: RANNY

Date:

Name: SHIBU.P.CHERIAN