



AKHILA T A

Operation Theater
Technology

DHA REG NO :45515587

CONTACT

Address UAE

Phone +971-501025912

E-mail

akhilata01@gm ail.com

Languages

ENGLISH

Advanced

MALAYALAM

Advanced

HINDI

Intermediate

KANNADA

Intermediate

PERSONAL INFORMATION

- PASSPORT NO:U6571278
- GENDER: FEMALE
- MARITAL STATUS : MARRIED
- VISASTATUS : HUSBAND
- SPONCERSHIP DOB:01-02-1998

To attain high standard for the attainment of the goal and vision of the organization. To explore my potential to the zenith of my capabilities by carrying a niche for myself with suitable ways to indigenous spontaneity .To have a cutting edge by continuous learning research & improvement.

Work History

2024-05	<u>ASSISTANT NURSE</u>
2024-11-	DAFFODILS REHABILITATION OF HEARING &SPEECH
2021-08	DISORDERS CEN-SHJ
2023-12	<u>OT TECHNICIAN</u>
	RAJAGIRI HOSPITAL , MALAPPURAM
2019-03	<u>OT TECHNICIAN</u>
2021-07	CHERUPUZHA MEDICAL CENTRE ,
	KANNUR
	(NURSING & SKIN ASSISTANT
2018-12	<u>ANAESTHESIA TECHNICIAN</u>
2019-03	LOURDE HOSPITAL TALIPARAMBA, KANNUR

EDUCATION

2016-06	2018-06	Diploma in Operation Theater Technology
		Unity Institute of Paramedical Science ,Mangalore - MANGLORE , KARNATAKA Diploma in Operation Theater Technology (2016-2018)

DUTIES AND RESPONSIBILITIES.

- Assisting the physical and psychological need of the patients.
- Providing the higher standard of nursing care for

patients of all ages.

- Assisting the EMERGENCY team leader in carrying out various responsibilities.
- Supervision of junior staff members.
- Good knowledge in emergency are including the drugs.

· Providing effective individual coping. ·

Scientific knowledge with relating skills. ·

Aware of latest trends in nursing care.

· Attending the doors rounds and making arrangements for the doctors to discuss the condition of the patient with relatives. · Carrying out the new orders which were discussed during the rounds.

Expert Skills

EXCELLENT COMMUNICATION
BASIC LIFE SUPPORT
IV ADMINISTRATION
RECORDING PATIENT MEDICAL HISTORY
PATIENT ASSESSMENT
PREOPERATIVE CARE
POSTOPERATIVE CARE
STERILIZATION TECHNIQUE
INFECTION CONTROL
MEDICAL EQUIPMENT MAINTAINING

Declaration

I Solemnly declare that above information is true and correct to the best of my knowledge understand that if any information given above is found false or incorrect, my candidature is liable to be rejected

PLACE : SHARJAH

DATE:

AKHILA TA