

SILJA THOMAS



siljathomas@gmail.com

Mob : +971 581017552

KNMC : KL02201502651

Passport : S6733071

Visa : **Husband Visa**

OBJECTIVES

To Secure a Challenging position in a reputed health care institution where there is a scope for acquiring, updating and utilizing my knowledge and skill for the development of self as well as the organization.

EXPERIENCE

- 02/06/2007 to 30/06/2008 Staff Nurse (Medical Surgical Ward), Rajshekar Hospital Bangalore
- 21/07/2008 to 18/10/2009 Staff Nurse (Cath-lab), Sagar Hospital Bangalore.
- 20/01/2010 to 04/05/2012 Staff Nurse (Medical Surgical Ward), Manipal Hospital Bangalore.
- 14/08/2015 to 30/09/2016 Staff Nurse (CCU), Koyili Hospital Kannur
- 19/11/2018 to 20/05/2022 Staff Nurse (Medical Surgical Ward), Cherupuzha Medical Centre Kannur

PROFESSIONAL PROFILE

- A patient oriented and caring professional with excellent patience and remarkable.
- To assist the patients needs and meet their needs within limitation chart.
- Organising skills possesses more than 8 years of experience as a specialized Nurse in Ward.
- Proficient in all apparatus and equipment of ward
- Proved loyalty and knowledge of medical ethics
- Resourceful problem solver capable of implementing solutions to complex problems

LICENCE DETAILS

MOH : 265154

Date of Expiry : 06/12/2027

BLS Ecard No : 225601751461

Date of Completion : 06/01/2022

Date of Expiry : Jan 2024

ACLS Ecard No : 225621751724

Date of Completion : 08/01/2022

Date of Expiry : Jan 2024

EDUCATION

SSLC- ST. George HSS Chempanthotty

Pre-Degree – Calicut University

2007 GNM Nursing Gangothri School of
Nursing, Bangalore

2015 PB Bsc Nursing BMS College of
Nursing, Bangalore

LANGUAGE

- ❖ English
- ❖ Hindi
- ❖ Malayalam
- ❖ Kannada

PROCEDURE ASSISTED

- Intubation
- Defibrillation
- Central venous catheterization(Internal jugular, Subclavian, femoral)
- Angiogram
- Angioplasty
- Aspiration of pleural fluids

SKILLS IN

- IV cannulization
- ABC assessment
- RT placement
- Gastric Lavage
- Thrombolysation monitoring
- Poisining management
- ECG
- Foley’s Catheterization
- Blood transfusion
- Admission Procedure
- Discharge Procedure
- Infusion pump
- Syringe pump

PERSONAL DETAILS

NAME : SILJA THOMAS
D O B : 22-01-1981
FATHER’S NAME : THOMAS
MOTHER’ S NAME : MARY
GENDER : FEMALE
NATIONALITY : INDIAN
RELIGION : CHRISTIAN

REFERENCE

Koyili Hospital – koyilihospital@gmail.com

Cherupuzha medical centre =
cmcdiabetes@gmail.com

DECLARATION

I do hereby declare that the above information given above is true and best of my knowledge & belief.

Yours faithfully

SILJA THOMAS

Date ;

Place:



Date: 07/12/2022

التاريخ: 2022/12/07

Evaluation Letter

خطاب تقييم

| | | |
|--|------------------|--|
| Reference Number | 265154 | الرقم المرجعي |
| Name | SILJA SHINO | الإسم |
| Nationality | Indian | الجنسية |
| Specialty 1 | Registered Nurse | التخصص 1 |
| Title 1 | Registered Nurse | المسمى 1 |
| Privilege | | الصلاحية |
| Validity of the letter | 06/12/2027 | مدة صلاحية الأشعار |
| Remarks | | ملاحظات: |
| Important Notes | | ملاحظات مهمة |
| <ol style="list-style-type: none"> This letter is not a license, and the holder should complete licensing process prior to practice in health-related field. This letter is issued one time to obtain a license to practice the profession and does not require renewal as long as the license is valid within the UAE. As for the practice outside the country, the period must not exceed the validity of this letter. Issuance of the license will rely on the gap of practice and not the validity of this letter. Any changes or alterations, this letter will be canceled. | | <ol style="list-style-type: none"> هذا الأشعار ليس ترخيصا ولا يمكن العمل به، وعلى حامله استكمال اجراءات الترخيص يتم اصدار هذا الأشعار لمرة واحدة للحصول على ترخيص لممارسة المهنة ولا يتطلب تجديده طالما كان الترخيص ساريا داخل الدولة، أما بالنسبة للممارسة خارج الدولة فيجب ان لا تتجاوز المدة صلاحية هذا الأشعار اصدار الترخيص منوط بمده الانقطاع عن الممارسه وليس مده صالحيه هذه الشهادة أي تغيير أو كشط، يعتبر الأشعار لاغيا |

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