

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
- Poisoning 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	الاسم
Nationality	Indian	الجنسية
Specialty 1	Registered Nurse	التخصص 1
Title 1	Registered Nurse	المسمى 1
Privilege		الصلاحيه
Validity of the letter	06/12/2027	مدة صلاحية الاشعار
Remarks	ملاحظات:	
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