

CONTACT

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+91 7025085287

Mail: sheebaphilip1996@gmail.com

PERSONAL DETAILS

Father's Name : Philip C.P.

Date of Birth : 12/09/1996

Gender : Female

Religion : Christian

Marital Status : Married

Nationality : Indian

Languages

Known : Malayalam, English,

Tamil

PASSPORT & VISA DETAILS

O Passport No : U 2748014
 O Issue Date : 12/02/2021
 O Visa Status : Visiting Visa

CURRICULUM VITAE

SHEEBA PHILIP

OPTOMETRIST, SHARJAH - UAE

MOH Holder Ref No. 299041

Dataflow Reference No: M006-2311-1729384

PROFESSIONAL OVERVIEW

Skilled optometrist having **5 years** experience in comprehensive eye care, including refractive and contact lens services, evaluation and treatment of ocular pathology, pre and post - op surgical co-management and dispensing spectacle. Versed at forging and cultivating productive relation with clients, achieving high level satisfaction and reliability

EDUCATION

- Bachelor of Science in Optometry Bharathiar University,
 Dr. Joseph Marthoma Institute of Opthalmology & Research Centre, Alappuzha. (2014 - 2018)
- Higher Secondary School Education Board of Higher Secondary Examination, Kerala GHSS, Kadammanitta (2012-2014)
- SSLC Education
 Kerala Board of Education
 GHSS, Kadammanitta (2012)

WORK EXPERIENCE

O Grace Optical Gallery,

Adoor, Pathanamthitta, Kerala (01/03/2023 - 31/05/2024)

O Mulamoottil Eye Hospital & Research Centre

Kozhencherry, Pathanamthitta, Kerala (01/08/2018 - 30/11/2022)

PROFESSIONAL EXPERIENCE

One year internship at Mulamoottil Eye Hospital Kozhencherry, Pathanamthitta, Kerala (01/08/2017 - 31/07/2018)

CLINICAL SKILLS

- O Subjective and objective Refraction
 - Duochrome
 - ♦ Auto Refractometer
 - ♦ Retinoscopy
- O Dispensing Spectacle Lenses
- O Contact lens fitting and assessment
 - ♦ Soft Contact Lens
 - ♦ Soft Toric Contact Lens
- O Lensometry (Manual and Automated)
- O Keratometry (Manual and Automated)
- O Low vision aids
- O Diplopia Charting
- O Perimetry (HFA & Octopus Perimetry)
- O Pachymetry
- O Tonometry (RBT,NCT and Schiotz tonometry)
- O Corneal Topography
- O Oculyzer
- O Fundus Photography
- O Optical Coherence Tomography
- O A-Scan Biometry
- O B-Scan
- O Hess Charting
- O PVA
- O Lacrimal Syringing
- O ECG
- O Dry eye evaluation
- O Colour vision and Contrast sensitivity evaluation
- O Stereopsis evaluation

REFERENCE

Dr. ASHLY JACOB - MULAMOOTTIL EYE HOSPITAL & RESEARCH CENTRE

Kozhencherry, Pathanamthitta, Kerala Mob: +91 9947599999, +91 8606060530 E-mail:info@mulamoottileyehospital.com

BINU OOMMEN - GRACE OPTICAL GALLERY

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DECLARATION

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

I bear the responsibility for the correctness of the above mentioned particulars.

SHEEBA PHILIP

Date:

Place: