



Name : Dr. XXXXXXXX
Contact No : XXXXXXXXXXXX
EMAIL ID : XXXXXXXXXXXX@gmail.com

CAREER OBJECTIVE

To impact the efficiency and productivity of an organization that welcomes a competent and responsible professional to impact all my academic, professional skills in the field of Diagnostic Radiology.

EDUCATIONAL DETAILS

- MBBS: XXXXXXXX Medical College(XXXX), XXXXXXX- 20XX
- MD(RADIODIAGNOSIS): XXXXXXXX MEDICAL COLLEGE. UP. - 20XX

WORK EXPERIENCE

Previous Work Experiences Details:

- XXXXXXXXXXXXXXXXXXXXDIAGNOSTICS, XXXXXXXX
- XXXXX HOSPITAL

At Present Working in:

- XXXXXX Hospital, XXXXXXXX 2016 to till date.

MODALITIES : RADIOGRAPHS, USG, CT, MRI (ROUTINE CASES)

MCI REGISTRATION : XXXXX

SKILLS

- XRAY
- ULTRASOUND – ABDOMINAL AND GESTATION (LEVEL 2), TIFFA
- COLOUR DOPPLER – CAROTID, RENAL, LIMB, SMALL PARTS ETC
- MRI – 6 MONTHS OF TRAINING (EXTENSIVE) 1.5 TESLA SIEMENS

INTERVENTIONALPROCEDURES – IMAGE GUIDED FNAC, BIOPSY, PAIR, AND SCLEROTHERAPY

KEY SKILLS

- General & Obstetrical Ultrasound.
- Chest Imaging, X – Ray, Barium Studies, IVP, CECT, MRCP.
- Neuro Radiology, CT Brain, MRI Brain.
- Musculoskeletal Imaging: Color Doppler, Ultrasound & MRI.

PERSONAL DETAILS

Name : Dr.XXXXXX
Date of Birth : 1X-0X-19XX
Sex : Female
Present address : Plot no X, XXXXXXestates, XXXXXXXXXXXX, Meerut, up.

DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge.

(Dr.XXXXXXXXXX)