MY CURRICULUM VITAE

A.PERSONAL DATA

NAME……………………. CHUMU F CHUMU

SEX…………………….…. MALE

DATE OF BIRTH……… 26/07/1989

PLACE OF BIRTH……. ZANZIBAR

MARITAL STUTUS... MARRIAGE

NATIONALITY…….. TANZANIAN

CONTACT……………. +255695492999/+255743146567

EMAIL……………….... chumuc25@gmail.com

B.PERSONAL SKILLS

* TEAM SPIRITY
* TEAM WORK
* HONEST

C.EDUCATION DATA

|  |  |  |
| --- | --- | --- |
|  SCHOOL |  YEAR |  AWARD |
| KONDE PR SCHOOL |  2004 |  PRIMARY EDUCATION |
| KONDE SEC SCHOOL |  2009 |  SECONDARY EDUCATION |
| PEMBA ISLAMIC COLLAGE |  2012 |  A.LEVEL EDUCTION |

D.PROFESSIONAL DATA

|  |  |  |
| --- | --- | --- |
|  INSTUTE |  YEAR |  AWARD |
| BUGANDO SCHOOL OF NURSING | 2015 | DIPLOMA IN GENERAL NURSING |
| MBEYA SCHOOL OF ANAESTHESIA | 2021 | CERTIFICATE IN ANAESTHESIA |

E.EXPERIENCE

* THEATER SCRUB NURSE ON KIUMA COMMUNITY HOSPITAL ONE YEAR
* THEATER SCRUB NURSE ON MBEYA ZONAL REFFERAL HOSPITAL(MZRH) 2Y
* ON JOB TRAINING OF ANAESTHESIA 3Y AT KATAVI REGIONAL REFFERAL HOSPITAL
* ANAESTHESIA ACTIVITIES ON NANYAMBA HEALTH CENTER 1Y MTWARA
* ANAESTHESIA ACTIVITIES ON TASAKHTAR GLOBAL HOSPITAL ZANZIBAR

F.REFEREES

* BUGANDO SCHOOL OF NURSING HEAD MASTER

MR JULIUS AMAS IRUNDE CONT 0756888445

* MZRH SCHOOL OF ANAESTHESIA PRINCIPALY

DR AMOCY ZACHARIA 0782762511

* CHIEF ANAESTHESIA INCHARGE OF KATAVI

DR ABDALLAH CHAMWANZI 0767892826

* INCHARGE OF NANYAMBA HEALTH CENTER

DR NIA DOMINICK

G.DECLARATION

I……………………….. DECLARE THAT ALL THE ABOVE INFORMATION IS CORRECTLY, TRULY AND MINE OF THE BEST OF MY KNOWLEDGE