**Curriculum Vitae**



Picture

**OF**

**Domenik Zibon Sarker**

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| **CONTACT INFORMATION:** |

Name **: Domenik Zibon Sarker**

C/O : Shoilen Sarker

Mobile No : +88 01616-906161

Address : Vill: Ratanpur, P.O: Sree Ratanpur,

P.S: Mujibnagar, Dist: Meherpur.

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| **CAREER OBJECTIVE:** |

To work for drugs and chemist solution as a pharmacist where I may be able to employee my knowledge of the best practice of in order pharmacist to provide relief drug and chemist.

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| **ACADEMIC BACKGROUND:** |

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| Name of Exam | Passing Year | GPA/Grade | Group | Board |
| S.S.C | 2014 | 2.44 | Humanities | Jessore |
| H.S.C | 2016 | 3.75 | Business Studies | Technical |
| Diploma In Nursing Science & Midwifery | 2019 | Pass | General Nursing & Midwifery | Bangladesh Nursing Council, Dhaka |

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| **CLINICAL PRACTICE EXPERIENCE:** |

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| Name of Company | Time | Designation |
| Rajshahi Medical College Hospital | 2.6 years | Student Nurse |
| Rajshahi Medical College Hospital | 6 Weeks | Internship Nurse |

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| **LANGUAGE SKILL:** |

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| Language | Reading | Writing | Speaking |
| Bangla | Excellent | Excellent | Excellent |
| English | Excellent | Excellent | Excellent |

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| **KEY SKILL :** |

* String Communication skill.
* Easy and conversing handling of patient.
* Willing and eager to perform.
* Hand working determined.

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| **PERSONAL INFORMATION:** |

Full Name : Domenik Zibon Sarker

Father’s Name : Shoilen Sarker

Mother’s Name : Lovely Sarker

Date of Birth : 28-11-1998

Marital Status : Un-married

Nationality : Bangladeshi

Religion : Christian

Gender : Male

Blood Group **:** B+

Height : 5’-7”

Present Address : Vill: Ratanpur, P.O: Sree Ratanpur,

P.S: Mujibnagar, Dist: Meherpur.

Permanent Address : Vill: Ratanpur, P.O: Sree Ratanpur,

P.S: Mujibnagar, Dist: Meherpur.

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| PERSONAL SKILL |

Good Interpersonal and communication skill. Good analytical and problem-solving abilities, Team Player, Disciplined, Hardworking, Confident, Opened, Eyed, Enthusiastic and Positive. Trustworthy and have the ability to do any job with responsibility.

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| DECLARATION |

I hereby declare that, all the above provided information is true. Any alteration of that could be treated as disqualification.

Signature :

Date :