**RESUME**

**NITHYA K**

E-mail: [nithyakumar2601@gmail.com](mailto:nithyakumar2601@gmail.com)

Mobile: +919566093364

**CAREER OBJECTIVE:**

I want to succeed in an environment of growth and excellence to meet personal and organization goals.

**EDUCATIONAL DETAILS:**

2013 to 2017 in Biomedical Engineering (CGPA-5.9)

SSN College of Engineering, Kancheepuram, Chennai.

2012 to 2013 HSC (67.08%)

NLC Girls Higher Secondary School, Neyveli.

2010 to 2011 SSLC (90.6%)

NLC Girls Higher Secondary School, Neyveli.

**ADDITIONAL COURSES:**

* ICA Account & Tally program.

**EEPERIENCE SUMMARY:**

* 1 Year experience in tally
* Experience in preparing Quotation and Purchase order
* Experience in preparing sales invoice

**TECHNICAL SKILLS:**

* Operating Systems : WINDOWS 2000/XP/7, 8 &10.
* Microsoft office : Word, Excel, PowerPoint & Picture Manager
* Technologies : Tally ERP9.0

**STRENGTH:**

* Good communication skills
* Hardworking and Responsible
* Willing to learn
* Learn faster

**MAJOR PROJECT:**

**“DESIGN AND ANALYSIS OF PEDIATRIC TRANSTIBIAL PROSTHETICS”**

**Domain:** Rehabilitation Engineering and Prosthetics.

**MINI PROJECT:**

**“BOUNDARY DETECTION IN ULTRASOUND IMAGE”**

**Domain:** Image Processing.

**CERTIFICATION:**

* Complete 5 days of hospital training in the department of **“BiomedicalEngineering”** at **“Government Stanley medical college”** Chennai-01.

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**EXTRA CURRICULAR ACTIVITIES:**

* Volunteer in Guide at school.
* Continuously participated in social activities in college.

**PERSONAL DETAILS:**

**Father’s Name :** Kumar S

**Mother’s Name :** Vijayalakshmi K

**Date of Birth :** 26/01/1995

**Gender :** Female

**Nationality :** Indian

**Languages known :** Tamil & English

**Marital Status :** Unmarried

**Current Address :** No.145, Chellakallimedu, Nadupattu,

Tiruvannamalai, Tamilnadu-606755.

**DECLARATION:**

I hereby declare that the above mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above mentioned particulars.

DATE : SIGNATURE

PLACE :