# Resume

# Contact Information:-

Name: Dr. Jay Kishore Tiwari Registration Number: H039465 Contact Number: 8602673973 Address: Village Post- Songra, Tehsil- Gabhana, Dist. - Aligarh (U.P.) Email: jaykishore2011@gmail.com



### **Basic Education**

Done Schooling From: Carmel Convent Senior Secondary School Ratanpur, Bhopal (M.P.)

Class	Year Of Passing	Percentage
10 <sup>th</sup>	2010	76
12 <sup>th</sup>	2012	64

## Higher Education

Done Graduation From: Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Bhopal (M.P.)

BHMS Years		Year of Passing	Percentage
BHMS 1		2015	70
BHMS 2		2016	69
BHMS 3		2017	68
BHMS 4		2018	66
Internship	L. B. S. Homoeopathic Medical College And Hospital , Bhopal		

#### Work Experience

- 4 months from Jai Ram Memorial Hospital and Research Centre, Mandideep Bhopal (M.P.)
- 10 months Experience from RUSA Medical Centre, Agra Road Aligarh (U.P.)

#### Declaration

Hereby, it is certified that all the Information given above is Correct through Best of my Knowledge.