**Personal Information**

| Name and Surname | Ineza Tsotsonava-Kakauridze |
| --- | --- |
| Date of Birth | 1967 3/01 |
| Personal Number | 55001001260 |
| Address | Kutaisi brosse 5/18 |
| Phone Number | 593223847 |
| E-mail Address | Ineza67@mail.ru |

**Education**

| Years | Name of the Institution | Specialty | Qualification |
| --- | --- | --- | --- |

**Academic / scientific degree**

| Degree Awarding Year | Name of the Institution | Specialty | Qualification |
| --- | --- | --- | --- |
| 1988-1994 | Tver state medical academy | Faculty of medicine | Dermato-venereology |
|  |  |  |  |

**Other Activities**

| Years | Organization | Position |
| --- | --- | --- |
| **2005** | Kutaisi regional skin end venerealdiseases dispensary | doctor |
| 2008 | HOSPITAL NETWORK “MEDALPHA” | doctor |

**Knowledge of Foreign Languages**

| Foreign Language | Starting level | Average level | Good | Very good | Mark if you have the relevant certificate |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Russian Language |  |  |  | x |  |
| English Language |  |  | x |  |  |

**Computer Skills**

|  | Starting level | Average level | Good | Very good |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Microsoft Office Excel |  |  | x |  |
| Microsoft Office PowerPoint |  |  | x |  |
| Zoom |  |  | x |  |
| google drive |  |  | x |  |
| If other, please indicate |  |  |  |  |

**Additional Information**