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## **Personal Infromation**

Name, Surname	David Kochladze
Date Of Birth	17.051968
Address	
Telephone number	577 501097
Mail	d.kochladze@gmail.com

## Education

Years	Name Of School	Specialty	Qualification
1994-1998	Ministry of Internal Affairs of Georgia	faculty of Law	

# Work experience

Years	Organization	Position
2002	Investigation of terrorist acts. Embassy of U.S in Tbilisi	
2005	Preparation of response groups . Embassy of U.S in Tbilisi	
2012	Browse the scene. Embassy of U.S in Tbilisi	



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2013	Browse the scene. Embassy of France in Tbilisi	
2015	Sea search. The European Union. Tbilisi  2015 Blood trace analysis. Embassy of U.S in Tbilisi	
2017	Browse the scene Embassy of U.S in Tbilisi	

# Knowledge of a foreign language

Foreign Language	Beginning Level	Medium Level	Good Level	Very Good Level	Select if you have the appropriate certificate
Russian			X		
English			X		

## **Knowledge of office programs**

	Beginning Level	Medium Level	Good Level	Very Good Level
Microsoft Office Word		XX		
Microsoft Office Excel		X		
Microsoft Office PowerPoint		X		
Zoom				
google drive				
Other				

Participation in advanced training courses, seminars, trainings



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No	Year	Name of the training	Your status (facilitator, participant, organizer)
1			
2			
3			
4			
5			

### **Publication**

Nº	Year	Name Of Publication	

### **Scientific Activities**

Nº	Year	Name Of Scientific Activities	

### Additional information

Optionally you can specify additional