**Personal Infromation**

|  |  |
| --- | --- |
| Name, Surname |  Givi Pisarevi |
| Date Of Birth | 26.09.1987 |
| Address |  Tbilisi, Moscow ave. 5 block. House 8 |
| Telephone number | 599243020 |
| Mail | pisarevi@gmail.com |

 **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name Of School | Specialty | Qualification |
| **2005-2010** |  Tbilisi State Medical University | Faculty of Medicine | The academic degree of a graduated medical doctor, specializing in medical affairs. |
| 2011-2016 | Tbilisi State Medical University | Residency in general surgery | General surgery |
|  |  |  |  |

 **Work experience**

|  |  |  |
| --- | --- | --- |
| Years | Organization | Position |
| **01.12.2016- present** | L.T.DAcad.N.KipshidzeCentral Universuty Clinic, 29 Vazha Pshavela Ave, Tbilisi(Georgia) |   |
| 01.12.2016-present | L.T.D. Medinvenstment Marijani str. 2, Tbilisi (Georgia) |  |
| 2017-201801.03.2018-present | L.T.D Pineo Medical Ecosystem93 Vakhtang Gorgasali Str Tbilisi (Georgia)St. John the Merciful Private Clinic -  N1a Avlipi Zurabashvili st, T'bilisi (Georgia) |  |

**Knowledge of a foreign language**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign Language | Beginning Level | Medium Level | Good Level | Very Good Level | Select if you have the appropriate certificate |
| English |  |  | ***√*** |  |  |
| Russian |  | ***√*** |  |  |  |

**Knowledge of office programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Beginning Level | Medium Level | Good Level | Very Good Level |
| Microsoft Office Word |  | *√* |  |  |
| Microsoft Office Excel |  | *√* |  |  |
| Microsoft Office PowerPoint |  | *√* |  |  |
| Zoom |  | *√* |  |  |
| google drive |  | *√* |  |  |
| Other |  |  |  |  |

**Participation in advanced training courses, seminars, trainings**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Year | Name of the training |  Your status (facilitator, participant, organizer) |
| 1 | 24 octomber 2017- | RFA PROCEDURE WITH CLOSUREFAST, BRAtislava 23-  | participant |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Publication**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Year | Name Of Publication |  |
|  | 01.06.2020 | Acute abdomen | mkurnali» |
|  |  |  |  |
|  |  |  |  |

**Scientific Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Year | Name Of Scientific Activities |  |
|  |  |  |  |
|  |  |  |  |

Additional information

 Optionally you can specify additional