**Personal Infromation**

|  |  |
| --- | --- |
| Name, Surname | Salome Sibashvili |
| Date Of Birth | 13.03.1997 |
| Address | Tbilisi, 24 Tskaltubo str. |
| Telephone number | (+995) 592 41 20 04 |
| Mail | Ssibashvili18@gmail.com |

 **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name Of School | Specialty | Qualification |
| **2003-2011** | # 22 public school, Tbilisi  |  |   |
| **2011-2012** | # 42 Ilia Vekua, public school, Tbilisi |  |  |
| **2012-2015** | #166 public school, Tbilisi |  |  |
| **2015-2021** | Davit Tvildiani Medical University | Medicine |  |

 **Work experience**

|  |  |  |
| --- | --- | --- |
| Years | Organization | Position |
| **2018-2021** | Insurance Company Euroins Georgia | Relations Coordinator with insured Clients |
| **2021-2022** | GEORGIAN MEDICAL HOLDING- CENTRAL ONLINE CLINIC | COVID FAMILY DOCTOR |
| **2023-** | Gagua Clinic | OBGYN- Resident |

**Knowledge of a foreign language**

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

**Knowledge of office programs**

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

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

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

**Publication**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Year | Name Of Publication |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Scientific Activities**

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

Additional information

 Optionally you can specify additional