**Personal Infromation**

|  |  |
| --- | --- |
| Name, Surname | Mariami Maglakelidze |
| Date Of Birth | 05/29/1993 |
| Address |  Tbilisi, Nutsubidze plateau, 4th micro district, 5th apartment block, flat #98 |
| Telephone number | 555631968 |
| Mail | Maglakelidze.mariami@gmail.com |

 **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Years | Name Of School | Specialty | Qualification |
| **2011-2011** | Tbilisi state medical university  | medicine |   |
| **2018-2021** | Tbilisi state medical university  | Infectious diseases | Licensed infectionist |
|  |  |  |  |

 **Work experience**

|  |  |  |
| --- | --- | --- |
| Years | Organization | Position |
| **Since-2019** | Georgian-American university | Invited lecturer |
| Since-2021 | Infectious diseases and AIDS center | Infectionist |
| Since-2021 | College Panacea | Invited Lecturer |
| 2022-2023 | Georgian National University | Invited Lecturer |

**Knowledge of a foreign language**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign Language | Beginning Level | Medium Level | Good Level | Very Good Level | Select if you have the appropriate certificate |
| Georgian |  |  |  |  |  |
| 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 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Publication**

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

**Scientific Activities**

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

Additional information

 Optionally you can specify additional