

## CURRICULUM VITAE

1. Name (in block letters) : AMY LALNUNSIAMI  
2. Marital Status : Married  
3. Father's/Husband's Name : C. Lalhruailiana  
4. (a) Mailing Address : Department of Optometry, RIPANS  
Zemabawk, Mizoram  
PIN: 796017  
  
(b) Permanent Address : C-45/A  
Republic Vengthlang  
Aizawl , Mizoram  
PIN:796001  
  
5. a) Date of Birth: : 15<sup>th</sup> April  
b) Sex: (Male/Female) : Female  
c) Nationality : Indian  
d) State of Domicile : Mizoram  
e) Religion : Christian  
  
6. Whether belongs to (GEN/SC/ST/OBCs) : Scheduled Tribe  
  
7. a) Registration No. with the concerned Council: -  
b) Name of the Council : -  
b) State in which registered : -

### 8. Educational Qualifications:

#### a) Undergraduate Career (HSLC onwards):

Examination Passed	Year of Passing	Class/Division	Board/University
HSLC	2004	I	Mizoram Board of School Education (MBSE)
SSCE	2006	II	Central Board of School Education (CBSE)
Diploma in Ophthalmic Technology	2009	I	Mizoram State Council for Technical Education (MSCTE)
Bachelor of Science in Optometry	2011	I	Martin Luther Christian University (MLCU)

b) Postgraduate Career:

Examination Passed	Year of Passing	Class/Division	Board/University
Master of Optometry and Ophthalmic Technology	2014	I	National Institute of Medical Sciences (NIMS) University

9. Teaching/Research Experience: (Please attach attested copies of experience certificates)

a) Before obtaining Postgraduate Qualification:

Post Held	Period		Total Period			Employer's Address
	From	To	Years	Months	Days	
Demonstrator/ Optometrist	20.09.2011	25.5.2015	3	8		RIPANS Zemabawk Mizoram

b) After obtaining Postgraduate Qualification:

Post Held	Period		Total Period			Employer's Address
	From	To	Years	Months	Days	
Demonstrator/ Optometrist	26.5.2015	Till date	7			RIPANS Zemabawk Mizoram