

CURRICULUM VITAE

APPLICATION BY:

Surname:

First name:

Address:

Telephone number

PERSONAL DETAILS:

Date of birth:

Place of birth: Palermo

Nationality: Italian

EDUCATION:

School leaving certificate:

Institute:

Enrolled in the Medical school Policlinico “Paolo Giaccone” in Palermo

FOREING LANGUAGES KNOWN:

English (written and spoken)

CLINICAL EXPERIENCES: