



ID:00312

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

### Al Kindi Residency Programs

Date:11/11/2024

#### Residency Programs

**Are you a member of Al-Kindi Hospital staff?**

No

**Residency Program**

General Surgery

**Name**

Omar Eyad Abdel Rahman Al Oran

**Gender**

Male

**Date of Birth**

12/03/1999

**Phone**

+962790187608

**Email**

[oran.99.omar@gmail.com](mailto:oran.99.omar@gmail.com)

**Address**

Rabieh - Amman  
Jordan

**Graduated University**

Jordanian

**Graduated Year**

2023

**University Grade**

Very Good

**High School Grade**

96.5

#### Required Documents

**Consent**

I agree to

I confirm that the all files and information attached above are complete and correct.  
I authorize the hospital to verify them according to the instructions and regulations in the hospital, and I sign on all the above.



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**Al Kindi Residency Programs**

Date:11/11/2024

**Signature**

**Exam Date**

**Exam Date**

18/11/2024

**Exam Time**

12:00 pm

**Exam Result**

18

**Final result**

**Final result**

37