

Date:11/11/2024

316 Al Kindi Residency Programs

**Residency Programs** Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name Anmar Hamza Suleiman Alshorman Gender Male **Date of Birth** 16/12/1998 Phone +962779722255 **Email** an\_ham@icloud.com **Address** Irbid Jordan **Graduated University** Non-Jordanian **Graduated Year** 2023 **University Grade** Good **High School Grade** 89.3 **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.





16 Al Kindi Residency Programs Date:11/11/2024

Signature		
Nowh		
Final result		
Final result		
8		