

**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 Hosam Marwan Botrus Masadeh Gender Male **Date of Birth** 25/12/1999 Phone +962796653010 **Email** hosammasadah@yahoo.com **Address** Mecca st Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 

## **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.



Signature

**Exam Date** 

**Exam Date** 

18/11/2024

**Exam Time** 

12:00 pm

Al Kindi Residency Programs

Programs

Date:11/11/2024

## **Final result**

## Final result

19