

Date:11/11/2024

ID:00350 Al Kindi Residency Programs

Residency Programs Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name Shaden Mohammad Abed Ebeidat Gender Female **Date of Birth** 17/08/1998 Phone +966503412540 **Email** $\underline{mohammadebeidat@gmail.com}$ **Address** Gardens street, amman Jordan **Graduated University** Jordanian **Graduated Year** 2022 **University Grade** Excellent **High School Grade** 92 **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.





ID:00350 Al Kindi Residency Programs Date:11/11/2024

Signature
CB JL
Exam Date
Exam Date
18/11/2024
Exam Time
12:00 pm
Final result
Final result
19