



D:00372 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
Wafa'a Ghandy Ibrahim Khalil
Gender
Female
Date of Birth
20/02/1999
Phone
+962798411266
Email
wafaaaldairy@gmail.com
Address
Tabarbour Jordan
Graduated University
Jordanian
Graduated Year
2023
University Grade
Good
High School Grade
96.4
Required Documents
Note

Dear application director,

It would be an honor to join the residency program at Alkindi Training Center. With a strong passion for surgery and a solid foundation from my training at Jordan University of Science and Technology, I am eager to contribute to and learn from your esteemed team. Your program's faculty, patient care, and research align with my professional goals, and I would be privileged to grow in such a respected environment.





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Thank you for considering my application.

Sincerely, Wafa'a Khalil

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

Final result

Final result

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