



ID:00388

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

Ammar Ahmad Saeed alsughair Ammar Ahmad Saeed Alsughair

#### Gender

Male

#### Date of Birth

08/05/1996

#### Phone

+962776939376

#### Email

[Drammarsughair@gmail.com](mailto:Drammarsughair@gmail.com)

#### Address

Irbid  
Jordan

#### Graduated University

Jordanian

#### Graduated Year

2022

#### University Grade

Good

#### High School Grade

12

### Required Documents

#### Note

Dear Kindi Hospital  
I am writing to express my interest in applying for the Surgery Residency Program at Kindi Hospital.

Thank you for considering my application. I am available for any additional information you may require.

Best regards,



Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

**Al Kindi Residency Programs**

Date:11/11/2024

Ammar Alsughair (MD)  
Drammarsughair@gmail.com

**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**

17