

Date:11/11/2024

Al Kindi Residency Programs

**Residency Programs** Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name ABDELRAHMAN MOHAMMAD SAEED TUMA TUMA Gender Male **Date of Birth** 13/11/1999 Phone +962780222644 **Email** abdelrahmantumah@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 96 **Required Documents** Note

Consent

I live 1km away from the hospital, I can always be there with no delay.





ID:00395 Al Kindi Residency Programs Date:11/11/2024

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     |
| Exam Result  |
| 19           |
| Final result |
| Final result |
| 20           |