

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 Anwar Abdelhay Ibrahim Wraikat Gender Male **Date of Birth** 15/07/1995 Phone +962778197956 **Email** dr.alwraikat@yahoo.com **Address** Albalqa Jordan **Graduated University** Non-Jordanian **Graduated Year** 2019 **University Grade** Good **High School Grade** 79.1 **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.





D:00397 Al Kindi Residency Programs Date:11/11/2024

Signature	
- S. 13.	1

Final result

Final result

4