

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 Waheed Fayez Tawfiq Hammad Gender Male **Date of Birth** 05/10/1998 Phone +962792831021 **Email** waheedfth2@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 96.7 **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:00410 Al Kindi Residency Programs Date:11/11/2024

Signature			
HILL			
Exam Date			
Exam Date			
18/11/2024			
Exam Time			
12:00 pm			
Exam Result			
22			
Final result			
Final result			
41			