

Al Kindi Residency Programs

Date:11/11/2024

Residency Programs Are you a member of Al-Kindi Hospital staff? No **Residency Program** Anesthesia and intensive care Name Mayar Mwafaq Jabateh Mayar Mwafaq Gender Female **Date of Birth** 21/08/1999 Phone +962787521362 **Email** mayar.mwafaq@gmail.com **Address** Amman/ Al-Gardens Jordan **Graduated University** Jordanian **Graduated Year** 2022 **University Grade** Very Good **High School Grade** 95.8 **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.



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Signature **Exam Date Exam Date** 18/11/2024 **Exam Time** 10:00 am **Exam Result** 27 **Interview Date Interview Date** 20/11/2024 **Interview Time** 10:00 am **Final result** Final result