

ID:00497 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
Ali Mohammad Ali Ismadi
Gender
Male
Date of Birth
01/02/1990
Phone
+962777720409
Email
alismadi911@gmail.com
Address
Amman, alrabieh Jordan
Graduated University
Non-Jordanian
Graduated Year
2010
University Grade
Good
High School Grade
90.2
Required Documents
No. and a second

Note

My name is Ali Ismadi, and I am writing to express my interest in the surgery program at Alkindi Hospital. I am currently completing my degree certificate and am eager to further my training in surgery .

Throughout my medical education, I have gained valuable experiences in general surgery , emergency medicine , where I developed skills in diagnosing, management and follow up of my patient.

I am particularly drawn to Al kindi Hospital because of it's commitment to community service . I believe that my background is working in Rashid





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hospital at the emergency department with quickly learning skills and listening carefully aligns well with the program's goals, and I am excited about the opportunity to contribute to and learn from your team.

Thank you for considering my application. I look forward to the possibility of discussing my candidacy further.

Consent



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

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