

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 Mahmoud mistareehi Mahmoud Faiq Mistareehi Gender Male **Date of Birth** 22/02/1997 Phone +962777331692 **Email** mahmoud.mistarehe@gmail.com **Address** El-Hashmi el shamali, amman-jordan Jordan **Graduated University** Non-Jordanian **Graduated Year** 2021 **University Grade** Good **High School Grade**

Required Documents

Consent

94.3

✓ 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:00498 Al Kindi Residency Programs Date:11/11/2024

Signature

Final result

Final result

6