

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 Hamzah Ayyash Alfaleh Gender Male **Date of Birth** 18/05/1999 Phone +962796469273 **Email** hamzahalfaleh@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 94.2 **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:00513 Al Kindi Residency Programs Date:11/11/2024

Signature
Exam Date
Exam Date
18/11/2024
Exam Time
10:00 am
Exam Result
26
Final result
Final result
45