

**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 احمد ظاهر الشيخ احمد ظاهر الشيخ Gender Male **Date of Birth** 22/05/1995 Phone +962785694670 **Email** ahd0ada@gmail.com **Address** amman shafa badran Jordan **Graduated University** Non-Jordanian **Graduated Year** 2020 **University Grade** Good **High School Grade** 

97.1

## **Required Documents**

## 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.





Al Kindi Residency Programs Date:11/11/2024

Signature		
Atom		

Final result

Final result

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