



ID:00564 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
Omar yousef khalil Omar Yousef Khalil
Gender
Male
Date of Birth
17/04/1996
Phone
+962795018791
Email
omaryosef019@gmail.com
Address
Omaryosef019@gmail.com Jordan
Graduated University
Non-Jordanian
Graduated Year
2022
University Grade
Good
High School Grade
91
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			
- OM-			
Final result			
Final result			
7			