

Date:11/11/2024

Al Kindi Residency Programs

Residency Programs Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name Akram Mohammad Ahmad Al nsour Gender Male **Date of Birth** 10/11/1994 Phone +962779121454 **Email** dr.akramnsour@yahoo.com **Address** Sport city al salt Jordan **Graduated University** Non-Jordanian **Graduated Year** 2020 **University Grade** Good **High School Grade** 96.1 **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:00567 Al Kindi Residency Programs Date:11/11/2024

Signature

THE REPORT OF THE PERSON OF TH

Final result

Final result

5