

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 Laith Abdulkareem Hamadallah Alshaer Gender Male **Date of Birth** 06/03/1995 Phone +962772333050 **Email** laith.alshaer995@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2021 **University Grade High School Grade** 76.7

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:00568 Al Kindi Residency Programs Date:11/11/2024

Signature		
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