

**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 Mohammed Haitham Abdelaziz Al rawashdeh Gender Male **Date of Birth** 28/07/1999 Phone +962796072470 **Email** mohammedrawashdeh821@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Good **High School Grade** 93.9 **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:00594 Al Kindi Residency Programs Date:11/11/2024

Signature		
Final result		
Final result		
18		