

**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 Ahmad Abdullah Husean Abo Sanad Gender Male **Date of Birth** 10/10/1998 Phone +962798173532 **Email** abudalad98@gmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2022 **University Grade** Good **High School Grade** 

## **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.





D:00619 Al Kindi Residency Programs

Date:11/11/2024

3	Ų	y	n	d	L	u	r	е	

#

## Final result

## Final result

17