

## **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 Abdallah Khalil Abdelrazzaq Abu aboud Gender Male **Date of Birth** 20/10/1994 Phone +962795740770 **Email** abuaboudabdullah@gmail.com **Address** Amman Jordan **Graduated University** Non-Jordanian **Graduated Year** 2022 **University Grade** Good **High School Grade** 83.5 **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.





## **Al Kindi Residency Programs**

Date:11/11/2024 Signature

Final result

Final result

7