



Al Kindi Residency Programs Date:11/11/2024 ID:00638 **Residency Programs** Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name Suhaib Abdullah Marshid Alkhawaldeh Gender Male Date of Birth 28/06/1994 Phone +962796947555 Email suhaib41kh@gmail.com Address Zarqa Jordan **Graduated University** Non-Jordanian **Graduated Year** 2020 **University Grade** Good **High School Grade** 81 **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** 

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