

Al Kindi Residency Programs

Date:11/11/2024

Residency Programs Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name Haitha Mohammad Tawfiq Bani Omar Gender Male **Date of Birth** 15/06/1999 Phone +962778090784 **Email** haithambaniomar1999@gmail.com **Address** Jerash Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 93.2

Note

Dear Residency Program Staff,

Required Documents

I am writing to express my interest in the General Surgery Residency Program at Al Kindi Hospital. Having recently completed my medical education and built a foundation in clinical practice, I am enthusiastic about advancing my surgical skills in an institution renowned for its commitment to innovative care and patient-centered values.





ID:00640 Al Kindi Residency Programs Date:11/11/2024

I am eager to bring my dedication, work ethic, and enthusiasm to your program and contribute to the high standards of care at Al Kindi Hospital.
Thank you for considering my application, and I look forward to the opportunity to discuss my candidacy further.

Sincerely, Haitham
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.
Signature
- III Man D
Exam Date
Exam Date
18/11/2024
Exam Time
12:00 pm
Exam Result
26
Interview Date
Interview Date
21/11/2024
Interview Time
09:30 am
Final result
Final result
45