



ID:00657

**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**

Balkees Al-Haytham Nassr Nassr

**Gender**

Female

**Date of Birth**

26/05/1999

**Phone**

+962798571471

**Email**

[balqeesna0@gmail.com](mailto:balqeesna0@gmail.com)

**Address**

Amman  
Jordan

**Graduated University**

Jordanian

**Graduated Year**

2023

**University Grade**

Good

**High School Grade**

95.5

**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.



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**Signature**

**Final result**

**Final result**

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