

Date:11/11/2024

Al Kindi Residency Programs

**Residency Programs** Are you a member of Al-Kindi Hospital staff? No **Residency Program General Surgery** Name AHMAD TAHSIN AHMAD HAIMOUR Gender Male **Date of Birth** 18/10/1999 Phone +962798462953 **Email** ahaimour1224@hotmail.com **Address** Amman Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Very Good **High School Grade** 96.9 **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.



45

Date:11/11/2024

ID:00660 Al Kindi Residency Programs

Signature
A
Exam Date
Exam Date
18/11/2024
Exam Time
12:00 pm
Exam Result
26
Interview Date
Interview Date
21/11/2024
Interview Time
09:00 am
Final result
Final result