

**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 Mielad Mohammad Faris Alshawabkeh Gender Male **Date of Birth** 08/05/1996 Phone +962797803434 **Email** m\_alshwabkeh@yahoo.com **Address** Amman- Abu alanda Jordan **Graduated University** Non-Jordanian **Graduated Year** 2020 **University Grade** Good **High School Grade** 

## **Required Documents**

## Consent

73.2

✓ 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



Al Kindi Residency Programs

Date:11/11/2024

Mielad
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Final result

Final result

5