

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 Omar Ali Falah Alsamarat Gender Male **Date of Birth** 25/07/1999 Phone +962778427200 **Email** dr.alsmaratomar@gmail.com **Address** Madaba Jordan **Graduated University** Jordanian **Graduated Year** 2023 **University Grade** Good **High School Grade 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.



Signature



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Final result

Final result

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