

## **Al Kindi Residency Programs**

Date:11/11/2024

**Residency Programs** Are you a member of Al-Kindi Hospital staff? No **Residency Program** Anesthesia and intensive care Name شهد رائد محمد حسين Gender Female **Date of Birth** 30/11/1998 Phone +962790840234 **Email** shahdraedh@gmail.com **Address** Amman, airport road Jordan **Graduated University** Non-Jordanian **Graduated Year** 2022 **University Grade** Good **High School Grade** 86.8 **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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Final result

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