



ID:00718

Al-Kindi Hospital

Amman - Jordan



مستشفى الكندي  
عمان - الأردن

## 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

Mohammad Khaled Mohammad Al-Dhoon

#### Gender

Male

#### Date of Birth

05/12/1999

#### Phone

+962781116255

#### Email

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

#### Address

Amman  
Jordan

#### Graduated University

Jordanian

#### Graduated Year

2023

#### University Grade

Very Good

#### High School Grade

94.7

### 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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**Al Kindi Residency Programs**

Date:11/11/2024

**Signature**

**Exam Date**

**Exam Date**

18/11/2024

**Exam Time**

10:00 am

**Final result**

**Final result**

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