



ID:00300

Al-Kindi Hospital
Amman - Jordan



مستشفى الكندي
عمان - الأردن

Privilege's For Doctors

29/09/2022

| Name | Date of Birth | Specialty |
|-------------------------|---------------|-------------------------|
| Omer ali mohammad Qaraq | 30/08/1972 | Obstetrics & Gynecology |
| Phone | Address | |
| 0797447044 | AMMAN, amman | |

Document

| Personal photo | National Identity | M.O.H License for Specialty |
|-------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| <ul style="list-style-type: none">10.صورة.jpg | <ul style="list-style-type: none">11.هوية-الاحوال.11 | <ul style="list-style-type: none">9.مزاولة-المهنة.pdf |

| Jordan Medical Association Registration | Board Certification Jordan-Arab |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <ul style="list-style-type: none">15.نفاة-الاطباء.pdf | <ul style="list-style-type: none">12.البورد-الاردني.pdf |

| Privilege's | PDF VIEW |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Obstetrics & Gynecology | <p>Privileges in Obstetrics & Gynecology Service</p> <p>Open a PDF file Privileges in Obstetrics & Gynecology Service. for any additional privileges insert it at next field</p> |

| Consent |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> I agree to</p> <p>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.</p> |

| Signature |
|--------------------|
| <p>د. عمر قراق</p> |