

| | Contact Information | | | | |
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| | Name: N | Name: Nagat Gabr Abdulhakim Gabr | | | |
| | Address: | ع المستشارين | المنصورة_حي الجامعة_شار | | |
| | Phone con | ntacts: 010 | 14267380 | | |
| | Email ad | dress: <u>naja</u> | ntjabr08@gmail.com | _ | |
| | ngabr@h | orus.edu.eg | | | |
| Educ | ation/ Academic | qualification | ons (start with your most recent | t education first) | |
| Year | School / Un | niversity | Specialization | Degree | |
| 2022 | Mansoura U | niversity | Medicine and Surgery | Excellence | |
| 2016 | Bangladesh School Muscat | | IGCSE | A levels | |
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| From: | To: | To: University / Organization | | Title of Position | |
| 9 | Till now | Horus University | | Teaching Assisstant | |
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| | | Admin | istrative Positions: | | |
| From: | To: | Uni | versity / Organization | Title of Position | |
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| r | Laaching Evnavi | ionas (Cour | gog I anguaga Highar Educat | tion Only) | |
| | reaching Experi | ience (Cours | ses, Language, Higher Educat | non Omy) | |
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| | | | Publications: | | |
| Conc | centrate for Emer | gent Reversa | Alfa versus Four Factor Prothral of Factor Xa Inhibitor Associate and Meta-Analysis | - | |

Contact Information

I do hereby declare that the information furnished above is true to the best of my knowledge.

Name: Signature:



| O | ther Relevant Experience |
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I do hereby declare that the information furnished above is true to the best of my knowledge ${\color{blue} \centerdot}$

Name: Signature: