Saad omarri

Médecin

Adresse Fès

Téléphone

06.13.74.85.96.45

E-mail

saad8@gmail.com

LOGICIELS

Excel, PowerPoint, Photoshop, Indesign, xxxxxx, xxxxxxxx, xxxxx

LANGUES

Anglais: Bilingue
Espagnol: Courant
Arabe: Courant

INTÉRÊTS

Natation
Cinéma
Lecture

PROFIL

Xxxxxxxxxxxxxxxx xxxxxxxxxxxxxx xxxxxxxxxx xxxxxxxx xxxxxxxxx xxxxxxxx xxxxxxx xxxxxx xxxxxx xxxx xxxxxxx xxxxx xxxx xxxx xxxxxx xxxxx xxxx xxxx xxxx xxxx xxxx xx xxx xxx xxx xx x xxxxxxxxxxxxxxxxx xxxxxx xxxxxxx xxxxxxx xxxxxxx xxxxxx xxxxxx xxxx xxxxxxx xxxxx xxxx xxxx xxxxxx xxxxx xxxx xxxx xxxx xxxx xxxx xx xxx xxx xxx xx x xxxxxxxxxxxxxxxxx

FORMATIONS

Années entreprise clinique xxxxxxxxxxxxxxx
Ville-Pays *Université ou école*

Années Diplôme Médecine
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Ville-Pays *Université ou école*

Années Diplôme LP

EXPERIENCES PROFESSIONNELLES

Du 00/00/0000
au 00/00/0000
(Ville-Pays)

NOM DE clinique,
Poste occupé
Missions ou tâches réalisées: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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Du 00/00/0000
au 00/00/0000
(Ville-Pays)

NOM DE baccalauréat,
Poste occupé
Missions ou tâches réalisées: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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Du 00/00/0000
au 00/00/0000
(Ville-Pays)

NOM DE L'ENTREPRISE,
Poste occupé
Missions ou tâches réalisées: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
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