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| محل الصاق عکس |

 **برگ درخواست همکاري با مرکز بهداشت دانشگاه صنعتي اصفهان** محل درج حرف به حرف نام خانوادگي از راست به چپ

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1- نام خانوادگي:

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 محل درج حرف به حرف نام از راست به چپ 2- نام: 3- نام پدر: 4- تاهل : متاهل مجرد

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5- شماره شناسنامه:

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6- كدملي:7- محل تولد : 8- تاريخ تولد:

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9- آخرين مدرک تحصيلي: 10- رشته و گرايش تحصيلي: 11- معدل: 12- مقاطع تحصيلي:

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| مقطع تحصيلي | محل تحصيل | رشته و گرايش تحصيلي | معدل | سال فراغت از تحصيل |
| ديپلم |  |  |  |  |
| فوق ديپلم |  |  |  |  |
| ليسانس |  |  |  |  |
| فوق ليسانس |  |  |  |  |
| دکترا |  |  |  |  |

13- وضعيت خدمت نظام وظيفه: انجام داده معاف دائم 14- نشاني محل سکونت: 15- کدپستي محل سکونت: 16-تلفن ثابت: 17- تلفن همراه: با آگاهي کامل از متن شرايط آگهي تقاضاي فوق را ارسال و مسئوليت عدم صحت مندرجات آن به عهده اينجانب خواهد بود. **تاريخ وامضاء** |