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| باسمه تعالی  دبیرخانه هیأت اجرایی جذب دانشگاه علوم پزشکی و خدمات بهداشتی درمانی البرز |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **سلام علیکم**  احتراما" خواهشمند است جدول زیر را با دقت و با خط خوش تکمیل نمایید. با تشکر  دبیر**هیأت اجرایی جذب دانشگاه** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **مشخصات مستعلم** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| نام خانوادگی : | | | | | | | | | | | | | | | | | نام : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| نام پدر | | | | شماره شناسنامه | | | | | | محل صدور | | | | | | تاریخ تولد | | | | | | نام و نام خانوادگی قبلی | | | | | | | | | نام مستعار | | | | | | | | | مذهب | | | | | | |
|  | | | |  | | | | | |  | | | | | | روز | | ماه | | سال | |  | | | | | | | | |  | | | | | | | | |  | | | | | | |
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| شغل فعلی : | | | | | | | | | متقاضی: | | | | | | | | | | | | | | | شماره ملی: | | | | | | | | | | | | | | | | | | | | | | |
| آخرین مدرک تحصیلی : | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |
| خلاصه سوابق شغلی :   * . * . * . * . * . * . * . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **نشانی** | منزل :    تلفن ثابت : تلفن همراه : |
| محل کار :  تاریخ امضا  تلفن ثابت : |