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| Ректору АНО ДПО «АПКСМГУ»  Е.М. Волковой | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (наименование программы, количество часов) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | С частичным отрывом от производства | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Без отрыва от производства | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | V | | | | | Дистанционно | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| о себе сообщаю: ***ФИО заполняется в дательном падеже*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Паспорт: *серия* | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | *№* | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | | | *выдан* | | | | | | | | | | | |  | | |  | | | | . | |  | |  | | | | | . | | |  | | | |  | | |  | | |  | | | | г. | | | | | | | | | |
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| Телефон с кодом города: | | | | | | | | | | | | | | | | | | | | *Контактный:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | |  | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail: | | |  |  | |  | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | | | |  | | |  | | | | |  | | | |  | |  | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Образование: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Специальность (по диплому): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Место работы: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | *(Название организации)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Должность: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Стаж работы: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| В соответствии с Федеральным законом Российской Федерации от 26.07.2006 г. №152-ФЗ «О персональных данных» подписывая договор, я даю согласие образовательной организации и уполномоченным ей лицам на обработку и хранение своих персональных данных (на бумажных и электронных носителях) в целях исполнения условий договора.  Указанное согласие может быть отозвано личным заявлением о прекращении обработки персональных данных.  К заявлению прилагаю:   * копию документа об образовании с приложением; * копию паспорта. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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