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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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   1- نام خانوادگي:   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   محل درج حرف به حرف نام از راست به چپ  2- نام:  3- نام پدر: 4- تاهل : متاهل مجرد   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   5- شماره شناسنامه:     |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   6- كدملي:  7- محل تولد : 8- تاريخ تولد:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   9- آخرين مدرک تحصيلي: 10- رشته و گرايش تحصيلي: 11- معدل:  12- مقاطع تحصيلي:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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** |