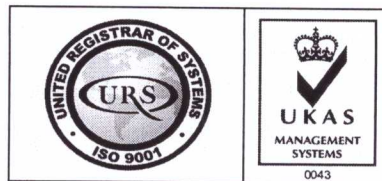




**Spitalul  
Orășenesc  
Cîmpeni**



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**CONSILIUL LOCAL ORAȘ CAMPENI**  
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**Operator date cu caracter personal 34653**

**ANEXA 1**

**Domnule Manager,**

**Subsemnatul(a)** \_\_\_\_\_, **cu domiciliul in**  
**localitatea** \_\_\_\_\_, **str.** \_\_\_\_\_, **nr.** \_\_\_\_\_,  
**ap.** \_\_\_\_\_, **judetul** \_\_\_\_\_, **telefon fix** \_\_\_\_\_, **telefon mobil** \_\_\_\_\_,  
**posesor/posesoare al/a C.I./B.I. seria** \_\_\_\_\_ **nr.** \_\_\_\_\_, **eliberat(a) de** \_\_\_\_\_  
**la data de** \_\_\_\_\_, **CNP** \_\_\_\_\_, **va rog sa – mi**  
**aprobati inscrierea la concursul din data de** \_\_\_\_\_, **pentru ocuparea postului**  
**de** \_\_\_\_\_.

**Mentionez ca sunt absolvent (a)** \_\_\_\_\_,  
**cu specializarea** \_\_\_\_\_, **avand o vechime in specialitate de**  
\_\_\_\_\_ **ani.**

**La prezenta cerere anexez documentele necesare pentru inscriere , dupa cum urmeaza:**

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**Data** \_\_\_\_\_

**Semnatura,** \_\_\_\_\_