

**FICHA DE INSCRIÇÃO - CURSO DE APERFEIÇOAMENTO EM MEDICINA NA ÁREA DE RADIOLOGIA E DIAGNÓSTICO POR IMAGEM- 2024**

**Nº DE INSCRIÇÃO:**

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**01.NOME**

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**02. ENDEREÇO**

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**03. TELEFONE PARA CONTATO**

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**04.NOME E ESTADO DA INSTITUIÇÃO DA CONCLUSÃO DO CURSO DE MEDICINA**

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**05. NÚMERO D0 RG.**

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**06. NÚMERO DE INSCRIÇÃO NO CRM**

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**07.NÚMERO DO CPF**

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**08. ESTADO CIVIL**

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**09. DOCUMENTO APRESENTADOS**

**09.1 ( ) Curriculum Vitae**

**09.2 ( ) Cédula da identidade**

**09.3 ( ) Procuração autenticada na ausência do candidato.**

**09.4 ( ) Comprovante de Pagamento**

**São Paulo, / /**

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**Candidato Responsável pela. Inscrição**

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**Coordenador do Curso**



# COMPROVANTE DE INSCRIÇÃO

**SELEÇÃO PARA CURSO DE APERFEIÇOAMENTO EM MEDICINA NA ÁREA DE RADIOLOGIA E DIAGNÓSTICO POR IMAGEM- 2024**

**Nº DE INSCRIÇÃO:**

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**01.NOME**

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**02. NÚMERO D0 RG.**

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**03. NÚMERO DE INSCRIÇÃO NO CRM**

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**04.NÚMERO DO CPF**

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**05. ESTADO CIVIL**

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**Assinatura do responsável pela Inscrição**