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| ПРИЛОЖЕНИЕ №1 к договору № от 00.00.2017 г

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| Директору АНО ДПО «СИТИ «Столица»Д.В. ЧалигаваЗАЯВЛЕНИЕ |
| Прошу включить меня в число слушателей по дополнительной профессиональной программе повышения квалификации: 1. «Строительный контроль (технадзор) за соблюдением проектных решений и качеством строительства» |
| (наименование программы) |
|  | С частичным отрывом от производства |  | Без отрыва от производства | \* | Электронно |
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| о себе сообщаю: |
| Фамилия: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Имя, Отчество: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Дата рождения: |  |  |  |  |  |  |  |  |  |  | г. |
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| Паспорт: *серия* |  |  |  |  |  |  |  | *№* |  |  |  |  |  |  |  | *выдан* |  |  | . |  |  | . |  |  |  |  | г. |
|  |
|  | *кем* |  | к/п |  |  |  | - |  |  |  |
|  |
| Место жительства: | *Индекс:* |  |  |  |  |  |  |  |  |
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| Почтовый адрес: | *Индекс*: |  |  |  |  |  |  |  |  |
| (если не совпадает) |  |
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| Телефон с кодом города:  | *Контактный:* | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | *Домашний:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | *Факс:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| E-mail: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Образование: |  | Специальность (подиплому):  |  |
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| Место работы:  | ООО  |  |  |
|  | *(Название организации)* |
| Должность: | технадзор | Стаж работы: |  |

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В соответствии с Федеральным законом Российской Федерации от 26.07.2006 г. №152-ФЗ «О персональных данных» подписывая договор, я даю согласие Автономной некоммерческой организации дополнительного профессионального образования «Строительный Институт Технологий и Инноваций «Столица» (АНО ДПО «СИТИ «Столица»)и уполномоченным ею 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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| Дата |  |  | Подпись |  |  |