ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ УЧРЕЖДЕНИЕ

**«НАЦИОНАЛЬНЫЙ МЕДИЦИНСКИЙ**

**ИССЛЕДОВАТЕЛЬСКИЙ ЦЕНТР ГЕМАТОЛОГИИ»**

МИНИСТЕРСТВА ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ

(ФГБУ «НМИЦ гематологии» Минздрава России)

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КАРТОЧКА ОБУЧАЮЩЕГОСЯ

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| **Цикл** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Сроки проведения | | | | | | | | | | | «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_20\_\_ г. | | | | | | | | | | | | | | | | | | | | | | | | | | | «\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_20\_\_г. | | | | | | | | | | |
| **Путевка** | | | | | | бюджетная/внебюджетная | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Заполнять печатными буквами* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Фамилия** | | | | |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | |  | |  | | |  | |  | |  |  |  |  | |  | |  |  |
| **Имя** | | | | |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | |  | |  | | |  | |  | |  |  |  |  | |  | |  |  |
| **Отчество** | | | | |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | |  | |  | | |  | |  | |  |  |  |  | |  | |  |  |
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| **Пол** | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Год рождения** | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Гражданство** | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Полное наименование ВУЗа, который окончил обучающийся** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Факультет | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Диплом | | | серия | | | | |  | | | | | | | | | | | № | | | |  | | | | | | | | | | | | | | | | Год окончания | | | | | | |  | | |
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| **Прохождение интернатуры:** | | | | | | | | | | | | | | | | | | | | | специальность | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Прохождение ординатруы:** | | | | | | | | | | | | | | | | | | | | | специальность | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Аспирантура:** | | | | | | | | | | | | | | | | | | | | | специальность | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Профессиональная переподготовка:** | | | | | | | | | | | | | | | | | | | | | специальность | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Сертификат специалиста получен** | | | | | | | | | | | | | | | | | | | | | | | | | | | ДА/НЕТ | | | | | | | | | | год получения | | | | | | |  | | | | |
| по специальности | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| стаж работы по специальности | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Занимаемая должность в настоящее время** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **Место работы:** | | | | | | | | | Федеральный округ | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Республика (край, область) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Город | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Наименование учреждения** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Принадлежность учреждения:** | | | | | | | | | | | | | | | | | | | | | | | Государственная/Негосударственная | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Адрес** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Телефон | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Электронный адрес | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Адрес постоянного места жительства** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Федеральный округ | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Республика (край, область) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Город |  | | | | | | | | | | | | | | | | | | | | улица | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| дом | |  | | | | | | | корпус | | | | | | | |  | | | | | | | | квартира | | | | | | |  | | | | | | | | | | | | | | | | |
| телефон | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| эл.почта \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

СОГЛАСИЕ НА ОБРАБОТКУ ПЕРСОНАЛЬНЫХ ДАННЫХ

Я, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(ФИО)

паспорт \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ выдан \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(серия, номер) (когда и кем выдан)

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адрес регистрации: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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в соответствии с п. 4 ст. 9 Федерального закона от 27.07.2006г. № 152-ФЗ «О персональных данных», даю свое согласие на осуществление действий в отношении моих персональных данных, которые необходимы для достижения указанных выше целей, включая (без ограничения) сбор, систематизацию, накопление, хранение, уточнение (обновление, изменение), использование, а также осуществление любых иных действий, предусмотренных действующим законодательством Российской Федерации в целях анализа подготовки медицинских кадров в течение 10 лет в Федеральное государственное бюджетное учреждение «Национальный медицинский исследовательский центр гематологии» Министерства здравоохранения Российской Федерации\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(наименование организации)

Личная подпись обучающегося\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Подпись куратора цикла\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Подпись Ученого секретаря\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_