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| АНКЕТА ЧЛЕНА НЕКОММЕРЧЕСКОЙ ОБЩЕСТВЕННОЙ ОРГАНИЗАЦИИ  **«КРЫМСКОЕ ОБЩЕСТВО АКУШЕРОВ – ГИНЕКОЛОГОВ»**     |  |  |  | | --- | --- | --- | | **Фамилия** |  | | | **Имя** |  | | | **Отчество** |  | | | **Дата и место рождения** |  | | | **ИНН (при его наличии)** |  | | | **Гражданство** |  | | | **Вид документа, удостоверяющего личность** | | | | **Серия** | **Номер** | **Дата выдачи** | | **Кем выдан** |  | | | **Адрес места жительства:** | | | | **Почтовый индекс** |  | | | **Субъект Российской Федерации** |  | | | **Район** |  | | | **Город** |  | | | **Населенный пункт** |  | | | **Улица** |  | | | **Номер дома** | **Корпус** | **Квартира** | | **Медицинская специальность** |  | | | **Ученая степень** |  | | | **Ученое звание** |  | | | **Основное место работы, должность** | | | | **Адрес места работы:** | | | | **Почтовый индекс:** |  | | | **Субъект Российской Федерации** |  | | | **Район** |  | | | **Город** |  | | | **Населенный пункт** |  | | | **Улица** |  | | | **Номер дома** | **Корпус** | **Офис** | | **Контактный телефон** |  | | | **Код города** | **Телефон** | | |  |  | | | **Подпись** |  | | |  |  | | |  |  | | |