**فرم ز**

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| برگ مشخصات بررسی صلاحیت عمومی داوطلبان ورود به دانشگاه‌ها و مؤسسات آموزش عالیتذکر مهم: تکمیل دقیق این برگ برای بررسی پرونده ضروری است و هرگونه نقض اطلاعات، باعث تأخیر در اعلام نتیجه خواهد شد. |
| **شماره پرونده** |  | **نام دانشگاه/ مؤسسه** | **مورد تقاضا** | الصاق عکس |
|  |  |  | کاردانی | کارشناسی | کارشناسی ارشد |
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| در کادر بالا چیزی ننویسید |  |

**1) مشخصات فردی:**

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| نام خانوادگی: ...................... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| شماره ملی: |  |  |  |  |  |  |  |  |  |  |

نام پدر: .............................. تاریخ تولد: ..................... محل تولد: .................. شماره شناسنامه: .........................شغل پدر: ................................................. مذهب: .......................... تابعیت: ............................. وضعیت تأهل: مجرد □ متأهل □ تعداد اولاد: ........................وضعیت نظام وظیفه: آماده به خدمت □در حال خدمت □ معافیت دائم □معافیت تحصیلی□دارای کارت پایان خدمت □ |

**2) مشخصات همسر:**

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| نام خانوادگی: ............... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| شماره ملی: |  |  |  |  |  |  |  |  |  |  |

نام پدر: ......................... تاریخ تولد: ............... محل تولد: ...................... شماره شناسنامه: ..................................شغل پدر: .............................................. تابعیت: ................................... میزان تحصیلات: ....................................... رشته تحصیلی: .................................................دانشگاه فراغت از تحصیل: .......................................................................... شغل: .....................................................آدرس و شماره تلفن محل کار: ................................................................................................................................... |

**3) سوابق تحصیلی:**

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| مقطع تحصیلی | رشته | کشور | شهر | مدرسه/ دانشگاه | سال شروع | سال پایان | معدل | ملاحظات |
| **دیپلم متوسطه** |  |  |  |  |  |  |  |  |
| **کاردانی** |  |  |  |  |  |  |  |  |
| **کارشناسی** |  |  |  |  |  |  |  |  |
| **کارشناسی ارشد** |  |  |  |  |  |  |  |  |

**4) مشخصات رشته، دوره و دانشکده مورد تقاضا برای ادامه تحصیل:**

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| ردیف | رشته | دوره | نام دانشکده یا مؤسسه | محل جغرافیایی تحصیل | ملاحظات |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |