*Ημερομηνία συμπλήρωσης: ……………………*

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| **Επώνυμο** | : | ………………………………………. | | | | | | **Όνομα** | | | | | | | : | | ……………………………. | | | | | | | |
| **Πατρώνυμο** | : | ………………………………………. | | | | | | **Μητρώνυμο** | | | | | | | : | | ……………………………. | | | | | | | |
| **Τόπος Γέννησης** | : | ………………………………………. | | | | | | **Έτος Γέννησης** | | | | | | | : | | ……………………………. | | | | | | | |
| **ΑΦΜ** | : | ………………………………………. | | | | | | **ΑΜΚΑ** | | | | | | | : | | ……………………………. | | | | | | | |
| **Αρ. Δελτίου Ταυτότητας** | : | ………………………………………. | | | | | | **ΑΜΙΚΑ** | | | | | | | : | | ……………………………. | | | | | | | |
| **Οδός** | : | ………………………………………. | | | | | | **Αριθμός** | | | | | | | : | | ……………………………. | | | | | | | |
| **Πόλη** | : | ………………………………………. | | | | | | **Τ.Κ.** | | | | | | | : | | ……………………………. | | | | | | | |
| **Τηλέφωνο σταθερό** | : | ………………………………………. | | | | | | **Κινητό** | | | | | | | : | | ……………………………. | | | | | | | |
| **E - mail** | : | ………………………………………. | | | | | | | | | | | | | | | | | | | | | | |
| **Γραμματικές Γνώσεις** | : | Γυμνάσιο |  | Λύκειο |  | ΤΕΕ | | | |  | | | ΙΕΚ | | | |  | ΤΕΙ - ΑΕΙ | | | | | |  |
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| **Εγγραφή στην ειδικότητα** |  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Αισθητική - Κομμωτική | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Διατροφή & Διαιτολογία | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Τεχνολόγος Τροφίμων | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ΠΛηροφορική | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Ονυχοπλαστική - Ποδολογία | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Σχεδιαστής Μόδας | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Security | | | | | | | | | | | | | | | | | | | | | |  |
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| **Κριτήρια Μοριοδότησης** |  |  |  |  |  |  | | | |  | | |  | | | |  |  | | | | | |  |
|  | Έγγαμος | | |  |  | | | | | | Άγαμος | | | | |  | Μονογονέας | | | | | |  |
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|  | Μέλος πολύτεκνης οικογένειας | | | | | | | | | | | ΝΑΙ | | | |  | ΟΧΙ | | | | | |  |
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|  | Ανεργία Πατέρα | | |  |  | | | | | | | ΝΑΙ | | | |  | ΟΧΙ | | | | | |  |
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|  | Ανεργία Μητέρας | | |  |  | | | |  | | | ΝΑΙ | | | |  | ΟΧΙ | | | | | |  |
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|  | Άλλα αδέρφια φοιτητές | | |  |  | | | |  | | | ΝΑΙ | | | |  | ΟΧΙ | | | | | |  |
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|  | Υπαρξη αναπηρίας ιδίου | | |  |  | | | | | | | ΝΑΙ | | | |  | ΟΧΙ | | | | | |  |
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|  | Ηλικία | | |  | 18-24 | | | | | | | | | | |  | πάνω από 25 | | | | | |  |
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|  | Φορολογητέο Εισόδημα | | |  | 0 - 9.000 € | | | | | | | | | | |  | 9.001 και πάνω | | | | | |  |
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| ***Δηλώνω υπεύθυνα ότι*** |  |  | | | | | | | | | | | | | | | | | | | | | | |
| *Γνωρίζω ότι η εγγραφή μου θεωρείται έγκυρη εφόσον προσκομίσω τα απαιτούμενα δικαιολογητικά μου που τεκμηριώνουν τα παραπάνω* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Παρέλαβε την αίτηση για το ΕΠΙΜΕΛΗΤΗΡΙΟ ΜΑΓΝΗΣΙΑΣ**  ....................................................  *(Ονομ/πώνυμο - υπογραφή)* | | | | | | | **Ο/Η Αιτ......**  .................................................  *(Ονομ/πώνυμο - υπογραφή)* | | | | | | | | | | | | | | | | | |