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**Obrazac za isticanje kandidature za delegata Skupštine Ljekarske komore Crne Gore za mandatni period 2025 - 2029. godina**

**ISTIČEM KANDIDATURU ZA DELEGATA U SKUPŠTINI LJEKARSKE KOMORE CRNE GORE ZA MADATNI PERIOD 2025 - 2029. GODINA**

**Prezime i ime:**

**JMB:**

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**Mjesto rada/prebivališta/stalnog boravka:**

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**Adresu stanovanja:**

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**Kontakt telefon:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail adresa:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stručno i akademsko zvanje:**

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**Izjavljujem da sam izmirio članske obaveze prema Ljekarskoj komori Crne Gore.**

**U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_\_. godine**

 **POTPIS**

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