PRIJAVNI OBRAZAC OBUKE ODGOVORNIH OSOBA ZA PROMET FITOFARMACEUTSKIH SREDSTAVA U BOSNI I HERCEGOVINI

IME I PREZIME KANDIDATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fakultet, smjer i godina diplomiranja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Naziv i adresa poslodavca: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adresa kandidata: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon (mobilni) i validna e-mail adresa kandidata: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mjesto, datum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis kadidata

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Prijavni obrazac dostaviti zajedno sa kopijom uplatnice na adresu fakulteta (Agronomski i prehrambeno-tehnološki fakultet,Sveučilišta u Mostaru,Biskupa Čule bb) ili putem faksa 036 337 105 ili skeniranu verziju na e-mail adresu [dekanat@aptf.sum.ba](mailto:dekanat@aptf.sum.ba)

(kod ručnog upisivanja podataka pisati čitko-naročito email adresu)