**TOSHKENT PEDIATRIYA TIBBIYOT INSTITUTI REKTORIGA**

Fuqaro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dan

(ismi sharifi to‘liq yozilsin)

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(manzil doimiy turar joyi bilan ko’rsatilsin, telefon raqami)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_manzilda yashovchi

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 (OTM nomi to‘liq yozilsin)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(kontrakt / grant)** asosida \_\_\_\_\_\_yili tamomlagan

 (ta’lim yonalishi to‘liq yozilsin) (ostiga chizilsin)

**Ariza**

Menga\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mutaxassisligi

bo‘yicha **Klinik ordinaturaga Maqsadli (Davlat grantlari / Hokimlik to’lov kontrakti)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **viloyati o‘rniga** yoki **Umumiy** **o‘ringa** (kerakligini ostiga chizilsin) o‘qishga kirish uchun tanlovda qatnashishimda ruxsat berishingizni so‘rayman.

Test topshirish tili: **o‘zbek** yoki **rus tili** (kerakligini ostiga chizilsin)

O‘zim haqimda quyidagilarni ma’lum qilaman:

Jinsim \_\_\_\_\_\_\_\_\_, Tug’ilgan joyim va yilim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Millatim \_\_\_\_\_\_\_\_\_\_\_\_\_

Paspotr seriyasi \_\_\_\_\_\_№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kim tomonidan va qachon berilgan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qurolli kuchlar safida xizmat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ushbu o’quv yurtiga kirishdan oldin bajargan ishim va umumiy mehnat stajim\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(korxona, tashkilot nomi, qayerda joylashgan, kim bo‘lib ishlagan)

Ota-onam haqida quyidagilarni ma’lum qilaman (ismi sharifi, turar joyi, ish joyi va lavozimi, ish joyi manzili, telefoni)

Otam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O‘zim haqimda qo‘shimcha quyidagilarni ma’lum qilaman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Klinik ordinaturada o‘qish davomida OTMning ichki tartib qoidalari va Nizomiga so‘zsiz amal qilaman.
2. Davlat komissiyasi tomonidan to‘lov kontrakt asosida o‘qishga tavsiya etilsam, shartnoma shartlarini o‘z muddatida bajarilishiga kafolat beraman. Aks holda o‘z o‘rnimni vakant deb hisoblanishiga roziman.

**Telefon raqami: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Elektron pochta ( e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

“\_\_\_\_\_\_” \_\_\_\_\_\_\_\_\_\_\_\_2020 yil Imzo\_\_\_\_\_\_\_\_\_\_\_\_\_\_