APROB

Rector

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ion Ababii

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# *Stimate Domnule Rector,*

*Subsemnatul(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,

*angajat(ă) în funcţia de* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*catedra/subdiviziunea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,

*solicit permisiunea Dumneavoastră privind \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Data Semnătura

Dlui Ion Ababii,

rector IP USMF „Nicolae Testemiţanu”,

profesor universitar, dr. hab. șt. med.,

academician al AŞM