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|  | **Ministério da Educação**  **Instituto Federal Sul-Rio-grandense**  **Câmpus Pelotas - Visconde da Graça** |  |

**ANEXO I**

**Chamada Pública 01/2023**

**Ficha de Inscrição**

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| **DADOS PESSOAIS** | |  |  |  |  |  | | |  | | |  | | | |  |  |
| NOME COMPLETO: | |  |  |  |  | DATA DE | | | | CPF: | | | |  | | | |
|  |  |  |  |  |  |  | NASCIMENTO: | | | |  | |  | |  | | |
| ENDEREÇO RESIDENCIAL: | |  |  | | | | | | | | | | | | | | |
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| BAIRRO: | |  |  | CIDADE: |  |  |  | | | | CEP: | | | |  | | |
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| TELEFONE RESIDENCIAL E CELULAR: | | | | | EMAIL: | | | | | |  | |  | |  | | |
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| **DADOS JURIDICOS** | |  |  |  |  | | |  |  | | |  | | | |  |  |
| RAZÃO SOCIAL: | |  |  |  |  | | |  | DATA DE | | | CNPJ: | | | | |  |
|  |  |  |  |  |  |  | FUNDAÇÃO: | | | |  | |  | |  | | |
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| ENDEREÇO COMERCIAL: | |  |  |  |  | | |  |  | | | | | | | | |
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| BAIRRO: | |  |  | CIDADE: |  | | |  |  | | | CEP: | | | | |  |
|  | | | |  |  | | | | | |  | |  | |  | | |
| TELEFONE RESIDENCIAL OU CELULAR: | | | | | EMAIL: | | | | | |  | |  | |  | | |
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Assinatura do responsável legal