UNITATEA

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 Str. ......... nr. ..., bl. ..., sc. ..., et. ..., ap. ...., sectorul/judeţul ..............

 Codul fiscal .....................................

 Contul ...........................................

 Trezoreria/Banca .................................

 Nr. ............../...............................

 **CENTRALIZATOR**

**privind certificatele de concediu medical aferent lunii/lunilor ..............**

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|Nr. |Numele şi |CNP |CNP\*)|Seria şi |Seria şi |Codul |

|crt.|prenumele |asigurat|copil|numărul |numărul |indemnizaţiei|

| |asiguratului| | |certificatului|certificatului| |

| | | | |de concediu |de concediu | |

| | | | |medical |medical | |

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 Ne asumăm răspunderea pentru realitatea datelor prezentate mai sus.

 Director,

 (Administrator) Director economic,

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