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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