ANEXA 49

SC………………………………………

Reprezentant legal…………………………………………………….

Adresa farmacie/oficina………………………………………………

Telefon/fax………………………………………………….

Adresa e-mail………………………………………………….

1. **STRUCTURA DE PERSONAL**

**PERSONAL MEDICO-SANITAR (ASISTENTI DE FARMACIE) CARE URMEAZA SA FIE INREGISTRAT IN CONTRACT SI SA FUNCTIONEZE SUB INCIDENTA ACESTUIA**

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| **Nr crt** | **NUME SI PRENUME** | **CNP** | **CI** | **Certificat eliberat de organizatia profesionala** | **Specialitatea** | **Asigurare de raspundere civila** | **Documentul care atesta forma de angajare la furnizor** | **Program de lucru/zi(interval orar:ora de inceput-ora de final)****Anexa 49 bis** | **Total ore/saptamana** |
| **Serie si nr.** | **Numar** | **Data eliberarii** | **Data expirarii** | **Numar** | **Valoare** | **Data eliberarii** | **Data expirarii** | **Tip contr.(CIM/PFA/PFI, etc.)** | **Numar contract** | **Din data** |
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 **DATA: Raspundem de legalitatea , realitatea si exactitatea datelor sus mentionate,**

 **Reprezentantul legal al furnizorului,**

 **……………………………………………..**

 **Semnatura electronica extinsa/calificata**