 **FM-POLTEKKES-SMG-BM-01-04/R0**

**FORMULIR PENDAFTARAN**

**SELEKSI PENERIMAAN MAHASISWA BARU JALUR KHUSUS/PROGRAM KHUSUS**

**POLITEKNIK KESEHATAN KEMENKES SEMARANG**

**TAHUN AJARAN 2018/2019**

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| Nomor Pendaftaran**\*)** |  |  |  |  |  | Jenis Kelamin |  | 1= Pria  2 = Wanita |

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| Tempat Pendaftaran :  SEMARANG | Jenis Program Pendidikan Pilihan :  PROGRAM ALIH JENJANG DIV TEKNIK RADIOLOGI  MINAT : RADIODIAGNOSTIK / RADIOTERAPI **\*\*)** |

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| Nama Lengkap | : |  |  |  |  |  |  |  |  |  |  |  |  |
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| NIP/NRP/No.Pokok Peg. | : |  |  |  |  |  |  |  |  |  | | Status | | |  | | 1=kawin | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | |  | | |  | | 2=blm kawin | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | |  | | |  | | 3=janda/duda | | | | | |
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| Tempat/Tgl.Lahir | : | ………………………………………………… | | | | | | | | |  | |  | |  | |  | |  | |  | |
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| Alamat Rumah | : |  | | | | | | | | | | | | | | | | | | | | |
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|  |  | Telp. ………………………… Kode Pos | | | | | | | | | | | |  | |  | |  | |  | |  |
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| Pendidikan Terakhir  (Nama Asal Institusi Pendidikan dan Kode Institusi) | : |  | | | | | | | | | | | | | | | | | | | | |
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| Unit Kerja | : |  | | | | | | | | | | | | | | | | | | | | |
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| Alamat Unit Kerja | : | Telp. ………………………………………………………Kode Pos : ……………………… | | | | | | | | | | | | | | | | | | | | |

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| Jabatan : | Pangkat/ Golongan : |

**\*) diisi oleh Panitia**

**\*\*) coret yang tidak perlu**

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| D:\My Pictures\LOGO'S\KOP2.jpg **FM-POLTEKKES-SMG-BM-01-04/R0**  **JENIS KELENGKAPAN BERKAS\*)** | | |
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| 1 | Fotocopy Ijazah/~~STTB~~ dan transkrip akademik yang sudah dilegalisasi (1 lembar) |  |
|  |  |  |
| 2 | Pasphoto berwarna terbaru ukuran 3 x 4 cm (4 lembar) |  |
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| 3 | Surat Pernyataan Kesediaan Menanggung Biaya Pendidikan (FM-POLTEKKES-SMG-BM-01-08/R0) |  |
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| 4 | Surat Pernyataan Bersedia Mematuhi Peraturan Pendidikan (FM-POLTEKKES-SMG-BM-01-09/R0) |  |
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| 5 | Fotokopi SK Pengangkatan Pegawai dan SK Terakhir (bagi yang sedang bekerja) |  |
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| 6 | Surat Keterangan Melaksanakan Tugas dari Pimpinan Unit Kerja (FM-POLTEKKES-SMG-BM-01-05/R0) |  |
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| 7 | Surat Persetujuan Mengikuti Pendidikan/ Rekomendasi dari Pimpinan Unit Kerja Kerja (FM-POLTEKKES-SMG-BM-01-06/R0) |  |
|  |  |  |
| 8 | Form pengajuan konversi nilai D3 sebagai bukti capaian sks pada pendidikan D3 (minimal 107 sks) |  |
|  |  |  |
| 9 | Bukti kirim softcopy Form pengajuan konversi nilai D3 ke email : d4trr-smg@poltekkes-smg.ac.id (print screen shoot) |  |
|  |  |  |
|  | **\*) diisi oleh Panitia** |  |

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| Pasfoto  3x4 cm | Paraf Petugas Pendaftar | ……………………,……………………  ………………………………………  Nama Lengkap Peserta |