|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | MODULO DI PARTECIPAZIONE ALLA PROVA ATTITUDINALE   |  |  | | --- | --- | | **QUALIFICA** |  | | **SESSIONE** |  |  |  |  | | --- | --- | | **CANDIDATO** | | | NUMERO FASCICOLO |  | | COGNOME |  | | NOME |  | | CODICE FISCALE ITALIANO[[1]](#footnote-1) |  | | **INFORMAZIONI DI CONTATTO** | | | INDIRIZZO E-MAIL |  | | NUMERO DI TELEFONO |  | | **RECAPITO POSTALE** | | | INDIRIZZO |  | | CITTA’ |  | | CAP |  | | STATO |  | |  |

Data Firma del candidato

1. Se in possesso [↑](#footnote-ref-1)