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|  | MODULO DI PARTECIPAZIONE ALLA PROVA ATTITUDINALE

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| **QUALIFICA** |  |
| **SESSIONE** |  |

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| **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 |  |

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 Data Firma del candidato

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