**UNIVERSITE DE MONASTIR**

**جامعــــة المنستير**

**كلية طب الأسنان بالمنستير**

**FACULTE DE MEDECINE DENTAIRE**

**FICHE DE RENSEIGNEMENT**

**بطاقــــــــة إرشادات**

**Pour remplir cette fiche, prière se reporter à la codification figurant au verso**

**لتعمير هذه البطاقة الرجاء اعتماد الأرقام الرمزية الواردة في ظهر هذه المطبوعة**

**الاختصاص : طب أسنان**

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**Cycleالمرحلة Spécialité ou Option : Médecine dentaire**

**الشهادة :الشهادة الوطنية لدكتور في طب الأسنان**

**Diplôme préparé : Diplôme de Doctorat en Médecine Dentaire**

**السنة / المستوى الدراسي**

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**Année / Niveau d’études**

**رقم بطاقة التعريف الوطنية (1)**

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**Numéro de la carte d’identité nationale (1)**

**اللقب**

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**Nom**

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**Prénom**

**الاسم**

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**Nom de jeune fille**

**اللقب العائلي عند الولادة**

**Sexe (2)**

**الجنس (2)**

**تاريخ الولادة**

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**Date de naissance**

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**Lieu de naissance**

**ولاية مكان الولادة**

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**Gouvernorat du lieu de naissance**

**الجنسيـــــــــة**

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**Nationalité**

**رقم جواز السفر بالنسبة للأجانب**

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**Numéro du passeport pour les étudiants étrangers**

**رقم الانخراط في الصندوق القومي للضمان(3) الاجتماعي**

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**Numéro d’affiliation à la CNSS(3)**

الحالة العسكرية (5)

الحالة المدنية **(4)**

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**Etat civil**(4) **Situation militaire**(5)

**Baccalauréat ou diplôme équivalent الباكالوريا أو ما يعادلها**

الدورة (6)

**Session(6)**

باكالوريا سنة

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**Année du Bac**

الملاحظة (8)

**Mention**(8)

الشعبة (7)

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**Section (7) Mention**

البلاد

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**Pays**

العنوان

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**Adresse (N° et Rue)**

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المدينة

الترقيم البريدي

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**Code Postal Ville**

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الولايـــة

**Gouvernorat**

الهاتـــف

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**Téléphone**

المهنة عند الاقتضاء

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**Profession (le cas échéant)**

مؤسسة العمل

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**Établissement**

الأب (9)

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 **PERE (9)**

اللقب

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**Nom**

الاسم

**Prénom**

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المهنة

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 **Profession**

**Etablissement**

مؤسسة العمل

الأمّ(9)

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**MERE (9)**

اللقب

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**Nom**

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**Prénom**

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المهنة

**Profession**

المؤسسة

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**Etablissement**

العنوان العائلي

**ADRESSE DES PARENTS**

العنوان

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**Adresse (N° et Rue)**

المدينة

**Ville**

الترقيم البريدي

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**Code Postal**

الولاية

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**Gouvernorat**

الهاتف

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**Téléphone**

**CONJOINT الزوج**

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**اللقب**

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**Nom**

**الاسم**

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**Profession**

**المهنة**

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**Etablissement**

**مؤسسة العمل**

**عدد الأطفال**

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**Nombre d’enfants**

1. Pour les étudiants étrangers, indiquer l’identifiant attribué **(7**  1 Lettresأدب

par la Direction de la Coopération Internationale 2 Mathématiques رياضيات

المعرف المسند من طرف إدارة التعاون الدولي بالنسب للطلبة الأجانب 3 Sciences expérimentales علوم تجريبية

 4 Economie et Gestionاقتصاد و تصرف

1. 1 Masculin ذكر 2 Féminin أنثى 5 Techniqueتقــنـية
2. Pour les affiliés à la CNSS seulement 6 Autresأخرى

بالنسبة للمنخرطين في الصندوق القومي للضمان الاجتماعي فقط

1. 1 Célibataire أعزب

2 Marié (e) متزوج  **(8)** 1 Passable متوسط

3 Divorcé (e) مطلق 2 Assez bien قريب من الحسن Veuf (ve) أرمل 3 Bien حسن

 4 Très Bien حسن جدّا

1. 1 Non concerné غير معني

2 Sursitaire مؤجل **(9)** Indiquer si le parent est : أذكر إن كان الأب أو الأم

3 Exempté معني 1 Vivant (e)على قيد الحياة

4 Service accompli أنهى الخدمة العسكرية 2 Décédé (e) متوفى

1. 1 Session Principale الدورة الرئيسية

2 Session de contrôle دورة المراقبة

Je soussigné, certifie l’exactitude des renseignementsإني الممضي أسفله أشهد بصحة المعلومات المبينة أعلاه ci-dessus et déclare avoir été informé que l’indication و إني على علم بأن التصريح بمعلومات خاطئة يمكن أن ينجرّ
d’information erronées peut entrainer la résiliation de l’inscription عنه إلغاء التسجيل.

**Signature** …………….. **الإمضاء** ..............