|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ΔΕΛΤΙΟ ΑΠΟΓΡΑΦΗΣ ΑΝΑΠΛΗΡΩΤΗ** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Επώνυμο: | | | | | | | | | | | Ονοματεπώνυμο πατέρα: | | | | | | | | | | | | | |  | |
| Όνομα: | | | | | | | | | | | Ονοματεπώνυμο μητέρας | | | | | | | | | | | | | |
| Κλάδος: | | | | | | | | | | | Ειδικότητα (ολογράφως): | | | | | | | | | | | | | |
| **Ημ/νία Ανάληψης υπηρεσίας:** | | | | | | | | | | | **Σχολείο τοποθέτησης:** | | | | | | | | | | | | | |
| Α.Δ.Τ.: | | | | | | | | | | | Υπηκοότητα: | | | | | | | | | | | | | |
| Δ.Ο.Υ.: | | | | | | | | | | | Ημ/νία Γέννησης:/ | | | |  |  | / |  |  |  |  |  |  |  |
| **Α.Φ.Μ.** |  |  |  |  |  |  |  | |  |  |  | Α.Μ.Κ.Α. | |  |  | |  |  |  |  | |  |  |  |
| Κινητό: | | | | | | | | | | | | Σταθερό: | | | | | | | | | | | | |
| Δνση Ηλ/τα (email): | | | | | | | | | | | | | | | | | | | | | | | | |
| Διεύθυνση κατοικίας (οδός, αριθμός): | | | | | | | | | | | | | | | | | | | | | | | | |
| Πόλη: | | | | | | | | | | | | Τ.Κ. : | | | | | | | | | | | | |
| Δήμος: | | | | | | | | | | | | Περιφερειακή Ενότητα (νομός): | | | | | | | | | | | | |
| Οικ. Κατάσταση: Εγγ. Κυκλώστε το σωστό | | | |  |  | Αγαμ. | |  |  | Διαζ. Χηρ. | | | | |  |  |  |  |  |  |  |  |  |  |
| Αριθμός παιδιών  ………. | | | | **ΕΤΟΣ ΓΕΝΝΗΣΗΣ ΚΑΘΕ ΠΑΙΔΙΟΥ** (Σε μορφή: ηη / μμ / εεεε) | | | | | | | | | | | | | | | | | | | | |
| 1ο ΠΑΙΔΙ | | | | 2 ο ΠΑΙΔΙ | | | | | 3ο ΠΑΙΔΙ | | | 4ο ΠΑΙΔΙ | | | | | 5ο ΠΑΙΔΙ | | | |
|  | | | |  | | | | |  | | |  | | | | |  | | | |
| **Αριθμός Παιδιών που έχει ασφαλίσει ο Εκπ/κος, για Ιατροφαρμακευτική περίθαλψη, στο βιβλιάριο του: ……..** | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Α.Μ. ΕΦΚΑ** | |  | |  |  | |  |  |  | |  |  | |  | |  |  | **Α.Μ.Κ.Α** | | | | |  | | |  |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |
| **IBAN:** | GR | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  | |  | |  |  |  | |  | |  | |  |  | |  | | |  |  |  | |  | |  |
| **Απαντήστε με ΝΑΙ ή ΟΧΙ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ΝΑΙ/ΟΧΙ | | | | | | | | |
| Λαμβάνω μέχρι σήμερα επίδομα ανεργίας: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Είμαι Συνταξιούχος: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| * Για τη λήψη οικογενειακού επιδόματος προσκομίζεται Πιστοποιητικό οικογενειακής κατάστασης . * Για παιδιά άνω των 18 ετών που φοιτούν σε Σχολή ,προσκομίζεται βεβαίωση φοίτησης.   Για αναπληρωτές που είναι ήδη ασφαλισμένοι και σε άλλα κλαδικά Ταμεία να συμπληρώνεται υποχρεωτικά ο παρακάτω πίνακας: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ΤΑΜΕΙΟ | | | | ΝΑΙ | | | Αρ. Μητρώου Κλαδικού  Ταμείου | | | | | | Παλιός ή Νέος Ασφαλισμένος  (προ του 1993 ή μετά) | | | | | | | | | | | | Με 5/ετια ( Ναι / Όχι) | | | | | | | | Συμπλήρωση 35ου έτους ηλικίας  ( για το ΤΣΜΕΔΕ) | | | | | | | | | | | | | |
| ΤΕΑΧ | | | |  | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| ΝΟΜΙΚΩΝ | | | |  | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| ΤΣΜΕΔΕ | | | |  | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| ΤΣΑΥ | | | |  | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| ΑΛΛΟ | | | |  | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |

………………. , ……./……./20……..

Η δηλούσα/ Ο δηλών