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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ΔΕΛΤΙΟ ΑΠΟΓΡΑΦΗΣ ΑΝΑΠΛΗΡΩΤΗ/ΤΡΙΑΣ\_ΠΔΕ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (πλήρης): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Α.Φ.Μ.:** | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Κινητό: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Σταθερό: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Δ/νση ηλ. ταχ. (email): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Διεύθυνση κατοικίας (οδός, αριθμός): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Πόλη: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Τ.Κ.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Δήμος: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Περιφερειακή Ενότητα (νομός): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Οικ. Κατάσταση:  **Κυκλώστε το σωστό** | | | | | | | | | | | | | | | | | | Έγγαμος/η | | | | | | | | | | | | | | | | | | | Άγαμος/η | | | | | | | | | | | | | | Διαζευγμένος/η | | | | | | | | | | | | | | | | | Σε χηρεία | | | | | | | | | | | | |  | |
| Αριθμός παιδιών  ……… | | | | | | | | | | | | | | | | | | **ΕΤΟΣ ΓΕΝΝΗΣΗΣ ΚΑΘΕ ΠΑΙΔΙΟΥ** (σε μορφή: ηη/μμ/εεεε) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1ο ΠΑΙΔΙ | | | | | | | | | | | | | 2ο ΠΑΙΔΙ | | | | | | | | | | | | | | 3ο ΠΑΙΔΙ | | | | | | | | | | | | | 4ο ΠΑΙΔΙ | | | | | | | | | | | | | 5ο ΠΑΙΔΙ | | | | | | | | | |  | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | |
| **Αριθμός Παιδιών που έχει ασφαλίσει ο/η Εκπ/κος, για Ιατροφαρμακευτική περίθαλψη, στο βιβλιάριο του/της: ……..** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Α.Μ. ΕΦΚΑ** | | |  | | | | |  | | |  | | |  | | | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | | | **Α.Μ.Κ.Α.** | | | | |  | | |  | | | | |  | |  | | |  | | | | |  | |  | | |  | | |  | | |  | |  | | |  | |
| **IBAN:** | **GR** | | |  | |  | | | |  | |  | | |  | | | |  | |  | | |  | | |  |  | | | |  | | | |  | | |  | |  | |  |  | |  | | |  | | |  | |  | |  | | |  | | |  | |  | |  | | |  | | |  | |  |  | |  | |  | |  | |
| **Απαντήστε με ΝΑΙ ή ΟΧΙ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ΝΑΙ/ΟΧΙ | | | | | | | | | | Υπηρεσία ΟΑΕΔ | | | | | | | | | | | | | | | | | |  | |
| Λαμβάνω μέχρι σήμερα επίδομα ανεργίας | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| Είμαι συνταξιούχος | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| * 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/ετία (ΝΑΙ/ΟΧΙ) | | | | | | | | | | | | | Συμπλήρωση 35ου  έτους ηλικίας  (για το ΤΣΜΕΔΕ) | | | | | | | | | | | | | | | | | | | |
| ΤΕΑΧ | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ΝΟΜΙΚΩΝ | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ΤΣΜΕΔΕ | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ΤΣΑΥ | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ΑΛΛΟ | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

…../……/……..

Η δηλούσα / O δηλών

*Επισημαίνεται ότι η σωστή & καθαρογραμμένη συμπλήρωση του Δελτίου Απογραφής είναι υποχρέωση του Αναπληρωτή. Ο εκάστοτε παραλήπτης των δικαιολογητικών πρόσληψης έχει την ευθύνη ελέγχου της ορθότητας των κατατεθειμένων δικαιολογητικών και την απόρριψη όσων είναι πλημμελώς ή μη ευκρινώς συμπληρωμένα.*