**ΔΕΛΤΙΟ ΑΠΟΓΡΑΦΗΣ ΑΝΑΠΛΗΡΩΤΗ**

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| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Δνση Ηλτα (email): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Διεύθυνση κατοικίας (οδός, αριθμός): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Πόλη: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Τ.Κ. : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Δήμος: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Περιφερειακή Ενότητα (νομός): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Οικ. Κατάσταση: Εγγ. Αγαμ. Διαζ. Χηρ.  Κυκλώστε το σωστό | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | 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/ετια (ΝΑΙ/ΟΧΙ) | | | | | | | | | | | Συμπλήρωση 35ου έτους ηλικίας ( για το ΤΣΜΕΔΕ) | | | | | | | | | | | | | | | | | | |
| ΤΕΑΧ | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ΝΟΜΙΚΩΝ | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ΤΣΜΕΔΕ | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ΤΣΑΥ | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ΑΛΛΟ | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

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|  | …../……/……..  Η δηλούσα / O δηλών |