**ΥΠΟΔΕΙΓΜΑ 3: 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: | |  | | | | | | | | | | | | | | | | T.K.: | |  | | | | | | | | | | | | |
| Δήμος: | |  | | | | | | | | | | | | | | | | Περιφερειακή Ενότητα (νομός): | | | | | | | | | |  | | | | |
| **Οικ. Κατάσταση:** Κυκλώστε το σωστό ή γράψτε ΝΑΙ/ΟΧΙ δίπλα | | | | | | **Εγγ.** | |  | | **Αγαμ.** | | |  | | **Διαζ** | | |  | | | | **Χηρ.** | |  | | | | | | | | |
| Αριθμός παιδιών | | | | **ΕΤΟΣ ΓΕΝΝΗΣΗΣ ΚΑΘΕ ΠΑΙΔΙΟΥ (Σε μορφή: ηη / μμ / εεεε)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 10 ΠΑΙΔΙ | | | 2 0 ΠΑΙΔΙ | | | | | 30 ΠΑΙΔΙ | | | | 40 ΠΑΙΔΙ | | | 50 ΠΑΙΔΙ | | | | | | 60 ΠΑΙΔΙ | | | | | | 70 ΠΑΙΔΙ | |
|  | | | |  | | |  | | | | |  | | | |  | | |  | | | | | |  | | | | | |  | |
| **Αριθμός Παιδιών που έχει ασφαλίσει o εκπ/κος, για Ιατροφαρμακευτική περίθαλψη, στο βιβλιάριο του:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |

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| **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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| O δηλών / Η δηλούσα | | | | |