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| Лого_Медколледж | **Министерство здравоохранения Республики Татарстан**  **ГАПОУ «Набережночелнинский медицинский колледж».** |
| **Отдел основного профессионального образования** |
| **ФОРМА 13**  **(версия 2)** | **СТИПЕНДИАЛЬНАЯ ВЕДОМОСТЬ** |

**СТИПЕНДИАЛЬНАЯ ВЕДОМОСТЬ**

**По итогам\_\_\_\_\_\_\_\_\_\_\_\_\_\_ семестра 20\_\_\_\_\_\_/20\_\_\_\_\_\_ учебного года**

СПЕЦИАЛЬНОСТЬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_КУРС\_\_\_\_\_\_\_\_\_\_\_\_\_\_ГРУППА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **№**  **п/п** | **ФИО**  **студентов, обучающихся на бюджетной основе** | **Наименование пройденных в семестре дисциплин, МДК, ПМ** | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Сведения**  **о назначении стипендии** | **Примечание** |
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**Зав. учебным отделением\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(подпись, расшифровка подписи)

**Куратор группы** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись, расшифровка подписи)

**Дата заполнения ведомости** «\_\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_г.