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| |  | | --- | | Министерство образования и науки | | Хабаровского края | | **краевое государственное бюджетное профессиональное образовательное учреждение** | | **«Советско-Гаванский промышленно-технологический техникум»**  **(КГБ ПОУ СГПТТ)** | | Чкалова ул., д. 12, г. Советская Гавань, 682800  Тел./факс (42138) 4-21-09. E-mail: sgptt@edu.27.ru  ОГРН 1122709002998,  ИНН/КПП 2704022163/270401001 | | от \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Расписка о приеме документов  Получены от гр.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Следующие документы:   |  |  |  | | --- | --- | --- | |  |  | Документ об образовании *аттестат /диплом* (оригинал, копия)  Выдан \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Серия \_\_\_\_\_\_\_ №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | |  |  | Копия паспорта | |  |  |  | |  |  | СНИЛС | |  |  |  | |  |  | Фотографии 3х4 \_\_\_\_\_\_\_\_штук | |  |  |  | |  |  | Медицинское заключение (медицинская справка) | |  |  |  | |  |  | Другое | |  |  |  |     Подпись поступающего\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Подпись ответственного лица,  принявшего документы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ВОЗВРАТ ДОКУМЕНТОВ  Все вышеуказанные документы получил \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  дата \_\_\_\_\_\_\_\_\_\_\_\_ | |  | | --- | | Министерство образования и науки | | Хабаровского края | | **краевое государственное бюджетное профессиональное образовательное учреждение** | | **«Советско-Гаванский промышленно-технологический техникум»**  **(КГБ ПОУ СГПТТ)** | | Чкалова ул., д. 12, г. Советская Гавань, 682800  Тел./факс (42138) 4-21-09. E-mail: sgptt@edu.27.ru  ОГРН 1122709002998,  ИНН/КПП 2704022163/270401001 | | от \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Расписка о приеме документов  Получены от гр.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Следующие документы:   |  |  |  | | --- | --- | --- | |  |  | Документ об образовании *аттестат / диплом*(оригинал, копия) Выдан \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Серия \_\_\_\_\_\_\_ №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | |  |  | Копия паспорта | |  |  |  | |  |  | СНИЛС | |  |  |  | |  |  | Фотографии 3х4 \_\_\_\_\_\_\_\_штук | |  |  |  | |  |  | Медицинское заключение (медицинская справка) | |  |  |  | |  |  | Другое | |  |  |  |     Подпись поступающего\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Подпись ответственного лица,  принявшего документы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ВОЗВРАТ ДОКУМЕНТОВ  Все вышеуказанные документы получил \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  дата \_\_\_\_\_\_\_\_\_\_\_\_ |