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| **PERSYARATAN DAN FORMULIR RESMI PENDAFTARAN ANGGOTA PAPDI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ANGGOTA PAPDI CABANG ………………………….. (wajib diisi)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Kepada Yth,** | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | |
| **Pengurus Pusat PB PAPDI (Bagian Database Anggota PB PAPDI** | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | |
| **di Jakarta** | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | |
| **Form pendaftaran dan lampiran berkas dapat di email ke : pb\_papdi@indo.net.id** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | |  | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | |
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| Mohon dapat didaftarkan sebagai anggota PAPDI Cabang, dan saya memenuhi persyaratan dan ketentuan- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| ketentuan yang telah ditetapkan oleh PAPDI sesuai AD dan ART PAPDI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Dengan ini kami yang mendaftar dengan keterangan sbb: **(MOHON DIISI LENGKAP DAN JELAS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Nama Lengkap Anggota |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  |  | Diisi dengan huruf cetak | | | | | | | |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
| 2 | -Lanjutan Nama Lengkap |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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| 3 | Tempat Lahir |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | wajib diisi | | | | | | | | | | | | |  | | | |
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| 4 | Tgl/Bln/Tahun Lahir |  |  |  |  |  |  |  |  |  | wajib diisi | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | |  | |
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| 5 | Agama |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | wajib diisi | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| # | Menikah / Belum Menikah |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | **L** | / | **P** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 6 | Nama FK Tempat Lulus Dokter Umum |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | wajib diisi | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| 7 | Tgl/Bln/Tahun Lulus Dokter Umum |  |  |  |  |  |  |  |  |  | wajib diisi | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | |  | |
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| 8 | Nama FK Tempat Lulus SpPD |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | wajib diisi | | | | | | | | | | | | | | | | | | | | |  | | | |
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| 9 | Tgl/Bln/Tahun Lulus Dokter SpPD |  |  |  |  |  |  |  |  |  | wajib diisi | | | | | | | |  | |  |  |  |  | |  | | |  | | |
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| 10 | Alamat Rumah *(****Detail & Lengkap )*** |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  | ***(untuk korespondensi PAPDI*** |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  | Kelurahan & Kecamatan |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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|  | Kabupaten dana atau Kota |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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|  | Propinsi |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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|  | Kode pos |  |  |  |  |  |  | wajib diisi lengkap semua data alamat | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Telepon Rumah |  |  |  |  |  |  |  |  |  |  | |  | |  | | wajib diisi | | | | | |  |  | |  | | |  | | |
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|  | Telpone Hand Phone (HP) |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  |  | *Mhn diisi no. HP / GSM u pengiriman SMS Gateway PAPDI* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11 | Nama Rumah Sakit berpraktek #1 |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  | ***(wajib diisi)*** | | | | | | | |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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|  | Telepon Kantor |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
| 12 | Nama RS/Klinik berpraktek |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  | ***(wajib diisi)*** | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
|  | E - MAIL DOKTER ***(wajib diisi)*** |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
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| 13 | Masuk menjadi Anggota sejak |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  | |  | | |  | | |
| Demikian, atas perhatian dan kerjasamanya kami ucapkan terima kasih. | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | |  | | |  | | |
|  |  | | | | | |  |  |  |  | |  | |  | |  | |  | | Hormat kami, | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | | |
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| **Persyaratan Pendukung Yang Harus Dilampirkan Bagi Anggota Baru/Anggota MUTASI yaitu : ( ……………………………………. )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | | |  | | | |
| **1. Surat Penghantar Cabang Setempat** | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | | |  | | | |
| **2. PC / Scan Ijazah Dokter Umum, Internis, dan SERKOM Kolegium dan STR KKI Konsil Indonesia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| **3. PC /Scan KTP yang masih berlaku** | | | | | | |  |  |  |  | |  | |  | |  | |  | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | | |  | | | |
| **4. Pas Photo terbaru 3 x 4 atau 4 x 6 (di scan)** | | | | | | | | |  |  | |  | |  | |  | |  | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | | |  | | | |
| **5. Surat Mutasi dari Cabang dokter sebelumnya, jika dokter tsb sudah terdaftar di Cabang Papdi lainnya** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **6. Membayar iuran Cabang di tempat Sejawat mendaftar** | | | | | | | | | | | | | | | | | |  | |  | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | | | |  | | |  | | | | | |
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