**ANEXO I**

**Ficha de Inscrição do Edital Nº 024/2017** - PROCISA/UFRR

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | * + - 1. **DADOS DE IDENTIFICAÇÃO** | | | | | | | | | | | | | | | | | NOME COMPLETO: | | | | | | | | | | | | | DATA DE NASC. | | | | SEXO : ( ) Masculino  ( ) Feminino | | | CPF: | | IDENTIDADE: | | | | ORGÃO EMISSOR: | | UF: | | DATA DE EMIISSÃO: | | | | Nº TITULO DE ELEITOR: | | | Nº CARTEIRA DE RESERVISTA: | | NACIONALIDADE: | | | | NATURALIDADE: | | | | VISTO PERMANTENTE:  ( ) SIM ( ) NÃO | | | | ENDEREÇO RESIDENCIAL (RUA/ AV): | | | | | | | | | | | | | | | | | BAIRRO: | | | | | CEP: | | | CIDADE: | | | | UF: | | | PAÍS: | | E-MAIL: | | | | | | | | | | | | | | | | | DDD: | TEL: | | | | DDD: | | CEL: | | | | | | | | | | * + - 1. **INFORMAÇÕES SOBRE AS ESPECIFICIDADES DA INSCRIÇÃO DO PROCESSO SELETIVO** | | | | | | | | | | | | | | | | | 2.1 - INSCRIÇÃO NO GRUPO: | | ( ) GRUPO I | | ( ) GRUPO II | | ( ) GRUPO III | | | | ( ) GRUPO IV | | | | ( ) GRUPO V | | | Pessoa com deficiência | | Renda familiar bruta igual ou inferior a 1,5 salário-mínimo per capita | | Autodeclarado s pretos e pardos | | | | Autodeclarados indígenas | | | | Ampla concorrência | | | * Aluno com necessidades especiais: Indicar os recursos materiais que necessita para a realização da Prova Escrita:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Candidata Lactante ( ) Não ( ) Sim | | | | | | | | | | | | | | | |      |  |  | | --- | --- | | * + - 1. **ÁREA DE CONCENTRAÇÃO** | | | ( ) Gestão de Sistema de Saúde | ( ) Modelos de Atenção e Vigilância em Saúde |  |  |  | | --- | --- | | **3.1. LINHA DE PESQUISA** | | | a) ( ) Saúde, Educação e Meio Ambiente | b) ( ) Diversidade Sociocultural, Cidadanias e Modelos de Atenção à Saúde | | 1. ( ) Política, Gestão e Sustentabilidade de Sistemas e Programas de Saúde | 1. ( ) Vigilância Epidemiológica e Indicadores de Agravos à Saúde na Fronteira Pan-Amazônica |  |  | | --- | | **INDIQUE APENAS UM NOME DO POSSIVEL ORIENTADOR, CONFORME LISTA DO ANEXO II, COMBINADO COM OS SUBITENS 5.3 E 5.4, DESTE EDITAL** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | * + - 1. **COMPROVAÇÃO DE PROFICIÊNCIA EM LÍNGUA ESTRANGEIRA** | | | | | | | | 1. ( ) Inglês | 1. ( ) Francês | 1. ( ) Espanhol | | | 1. Não tem | | | **5. ATUAÇÃO PROFISSIONAL** | | | | | | | | Indique a(s) instituição(ões), data de início, tipo de atividade e horário das atividades que desenvolve na atualidade. | | | | | | | | INSTITUIÇÃO | | | INICIO  (mês/ano) | TIPO DE ATIVIDADE | | HORA POR SEMANA | |  | | |  |  | |  | |  | | |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | | **5.1. FORMAÇÃO ACADEMICA - GRADUAÇÃO** | | | | | NOME DO CURSO: | | | ANO DE CONCLUSÃO: | | INSTITUIÇÃO: | | | | | CIDADE: | ESTADO: | | PAÍS: | | NOME DO CURSO: | | | ANO DE CONCLUSÂO: | | INSTITUIÇÃO: | | | | | CIDADE: | ESTADO: | PAÍS: | |  |  |  |  | | --- | --- | --- | | **5.2. FORMAÇÃO ACADEMICA - PÓS-GRADUAÇÃO** | | | | NOME DO CURSO: | AREA DE CONHECIMENTO: | NIVEL: ( ) Lato sensu  ( ) Stricto sensu | | INSTITUIÇÃO: | | ANO DE CONCLUSÃO: | | CIDADE: | ESTADO: | PAÍS: | | NOME DO CURSO: | AREA DE CONHECIMENTO: | NIVEL: ( ) Lato sensu  ( ) Stricto sensu | | CIDADE: | ESTADO: | PAÍS: |  |  | | --- | | Por meio da ficha de inscrição devidamente preenchida, contendo informações verídicas, solicito minha inscrição no processo seletivo do Programa de Pós-Graduação em Ciências da Saúde - PROCISA – UFRR e declaro que as informações prestadas na ficha de inscrição são fidedignas e que aceito os critérios adotados pela Instituição para avaliar o processo seletivo descritos no Edital nº 024/2017 - PROCISA.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local Data Assinatura do candidato | |

**COMPROVANTE DE INSCRIÇÃO**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome: |  | | | | | Nº de Inscrição: |  | |
| INSCRIÇÃO NO GRUPO: | | GRUPO I | GRUPO II | | GRUPO III | | GRUPO IV | GRUPO V |
|  |  | |  | |  |  |
| **AREAS DE CONCENTRAÇÃO** | | | | | | | | |
| ( ) Gestão de Sistema de Saúde | | | | ( ) Modelos de Atenção e Vigilância em Saúde | | | | |

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| **LINHAS DE PESQUISA** | |
| ( ) Saúde, Educação e Meio Ambiente | ( ) Diversidade Sociocultural, Cidadanias e Modelos de Atenção à Saúde |
| ( ) Política, Gestão e Sustentabilidade de Sistemas e Programas de Saúde | ( ) Vigilância Epidemiológica e Indicadores de Agravos à Saúde na Fronteira Pan-Amazônica |

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| **PROVA DE POFICIÊNCIA EM LINGUA ESTRANGEIRA** | | | | | |
| ( ) Inglês | ( ) Francês | | ( ) Espanhol | | ( ) Não tem |
| Local: | | Data: \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_ | | Ass. do Servidor: | |