**MODELO DE RECURSO – PROCESSO SELETIVO No 01/2019**

**À Banca Examinadora do Processo Seletivo para Médico de Família e Comunidade**

**Prefeitura de Florianopolis**

**Motivo:**

**( ) Erro de Calculo de nota**

**( ) Revisao de resposta**

Nome:

Nº de Inscrição(Protocolo): Nº Doc. Identidade:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARGUMENTAÇÃO:**

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Local e Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_