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| **LISTA DE FORMANDOS/AS SELECCIONADOS/AS** |
| **Programa/Tipologia:** |  |
| **N.º do Projecto:** |  |
| **Entidade Promotora** |  |
| **Entidade Beneficiária** |  |
| **Entidade Formadora** |  |
| **Área temática** |  |  | **Duração:** |  |
| **Curso \ UFCD Nº** |  |  | **Data de Início:** |  |
| **Acção Nº** |  |  | **Data de Fim:** |  |
| **Local** |  |  |  |  |

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| Critérios de Selecção: |  |

**Formandos Seleccionados:**

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Data: \_\_\_/\_\_\_/\_\_\_\_ Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_