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| Liste der Teilnehmer und Teilnehmerinnen an der dienstlichen Veranstaltung (DVag) | | | | | | | | | | | | | | | | | | | | |
| am/vom–bis (Datum) | | | | in (Veranstaltungsort) | | | | | | | | | | | | Beginn (Uhrzeit) | | | Ende (Uhrzeit) | |
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| Veranstalter (Dienststelle, Anschrift) | | | | | | | | | | | | | | | | | | | | |
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|  | wehrmed./wehrpharm.  Fortbildung | | | |  | Beorderungsunabhängige,  Reservistenarbeit | | | | |  | | | | | | | | | | |
| Zur DVag erklärt | | | | | | | | | | | | | | | | | | | | |
| am (Datum) | | | | | von | | | | | | | | | | | | | | | | |
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| Leiter/Leiterin (Dienstgrad, Name, Vorname) | | | | | | | | | | Listenführer/Listenführerin (Dienstgrad, Name, Vorname) | | | | | | | | | | |
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| Erklärung der Dienstfähigkeit:  Mit der Unterschrift auf dieser DVag-Liste bestätige ich:  Es ergeben sich keine Anhaltspunkte dafür, dass Gesundheitsstörungen der Ableistung der DVag entgegenstehen. Ich sehe mich körperlich in der Lage, an der DVag teilzunehmen. | | | | | | | | | | | | | | | | | | | | |
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| Lfd-  Nr | |  | Name | | | |  |  |  | | | | Nur bei Änderung **der Anschrift** hier eintragen  Straße, HausNr, PLZ, Ort | | Akt. Sold.  Ausl. Gast Pol./BPol.  Zivilpers. | | = Bw = A = P = Z | Unterschrift | | |
|  | Vorname | | | |  | Dienstgrad | Personenkennziffer | | | | Teilnahme bis | |  | |
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