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| Zentralrichtlinie A2-1300/0-0-2 |  (Nr. 6028) |
| Dienststelle, Ort |
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| Liste der Teilnehmer und Teilnehmerinnen an der dienstlichen Veranstaltung (DVag) |
| am/vom–bis (Datum) | in (Veranstaltungsort) | Beginn (Uhrzeit) | Ende (Uhrzeit) |
|       |       |       |       |
| Thema |
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| Veranstalter (Dienststelle, Anschrift) |
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| Veranstaltungsart |
| [ ]  | wehrmed./wehrpharm.Fortbildung | [ ]  | Beorderungsunabhängige,Reservistenarbeit | [ ]        |
| Zur DVag erklärt |
| am (Datum) | von |
|       |       |
| 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 eintragenStraße, HausNr, PLZ, Ort | Akt. Sold. Ausl. GastPol./BPol.Zivilpers. | = Bw= A= P= Z | Unterschrift |
|  | Vorname |  | Dienstgrad | Personenkennziffer | Teilnahme bis |  |
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| Lfd-Nr |  | Name |  |  |  | Nur bei Änderung **der Anschrift** hier eintragenStraße, HausNr, PLZ, Ort | Akt. Sold. Ausl. GastPol./BPol.Zivilpers. | = Bw= A= P= Z | Unterschrift |
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