**PANITIA PENGANGKATAN PERANGKAT DESA**

**UNTUK JABATAN KEPALA URUSAN UMUM DAN**

**PERENCANAAN DESA WRINGINHARJO**

**KECAMATAN GANDRUNGMANGU**

**KABUPATEN CILACAP**

**Sekretariat Sawer Kuning No. 25 Desa Wringinharjo**

**Kode Pos 53254**

**FORMULIR PENDAFTARAN**

**NOMOR : .....................(diisi panitia)**

1. NAMA LENGKAP : .........................................................................................
2. NAMA PANGGILAN : .........................................................................................
3. JENIS KELAMIN : .........................................................................................
4. TEMPAT,TGL LAHIR : .........................................................................................
5. AGAMA : .........................................................................................
6. KEWARGANEGARAAN : .........................................................................................
7. PENDIDIKAN TERAKHIR : .........................................................................................
8. ALAMAT : .........................................................................................
9. PEKERJAAN : .........................................................................................
10. NO HP/TLP : .........................................................................................
11. NAMA ORANG TUA
12. AYAH : .........................................................................................

PEKERJAAN : .........................................................................................

ALAMAT : .........................................................................................

1. IBU : .........................................................................................

PEKERJAAN : .........................................................................................

ALAMAT : .........................................................................................

Wringinharjo, ….......................

Pendaftar

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