様式第１号(第２条関係)

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| （表面）  市立病院等医療技術職員修学資金貸与申請書  年　　月　　日  　　(あて先)  　　南魚沼市長  申請者　住所  　 （ふりがな）  氏名　　　　　　　　　　㊞  生年月日　　　年　 月 　日  　下記のとおり市立病院等医療技術職員（職種　　　　　　）修学資金の貸与を受けたいので、関係書類を添えて申請します。 | | | | | | | | |
| 貸与を受けようとする期間 | | | 年 　月　 日から　　　　年 　月　 日まで | | | | | |
| 在学している養成施設 | 名称 | |  | | | | | |
| 所在地 | |  | | | | | |
| 入学年月日 | | 年　月　日　　卒業見込年月日　　年　月　日 | | | | | |
| 高等学校入学以降の学歴 | 年　　月 | |  | | | | | |
| 年　　月 | |  | | | | | |
| 年　　月 | |  | | | | | |
| 連帯保証人となるべき者 | 住　　所 | |  | | |  | | |
| 氏　　名  (生年月日) | |  | | |  | | |
| 職　　業 | |  | | |  | | |
| 本人との  続　　柄 | |  | | |  | | |
| 年　　収 | |  | | |  | | |
| 資産の状況 | |  | | |  | | |
| 家族及び生計の状況 | 続柄 | 氏名 | | 性別 | 年齢 | | 職業 | 年収 |
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（注）年収欄は、前年の収入額を記載すること。

（裏面）

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| 貸　与　期　間 | | | | 年　　　月から　　　　　年　　　月まで　　　　貸与額　月額　　　　　　　　円　　　　　　総額　　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 貸　与　月　分 | | | | ４月分 | | | ５月分 | | | ６月分 | | | ７月分 | | | | ８月分 | | | ９月分 | | | 10月分 | 11月分 | | 12月分 | | | | １月分 | | | ２月分 | | | ３月分 | | | | 計 | | | | | |
| 年度 | 第　年 | 月額 | |  | | |  | | |  | | |  | | | |  | | |  | | |  |  | |  | | | |  | | |  | | |  | | | | 月　　分 | | | | | |
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| 返還年月日 | | | 返　還　額　(円) | | | | | | | | | 貸付金残額(円) | | | | | | | | | | 返還年月日 | | | 返　還　額　(円) | | | | | | | | | | 貸付金残額(円) | | | | | | | | | | 貸付総額(円) |
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