		ină și Farmacie "Carol Davila" din	București			
	Facultatea:			Numele:		
	Proba opțională:PROBĂ DE CONCURS			Prenumele:		
				Prenumele tatălui: _		
	Sesiunea:		_		(Completaţi cu majuscule)	
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	00000	60 ○ ○ ● ○ ○ 61 ○ ○ ● ○ ○		0000	COMPLETARE DE PE	
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