

**MINISTÉRIO DA DEFESA**

**EXÉRCITO BRASILEIRO**

(escalões hierárquicos até a OM expedidora)

**FICHA DE INFORMAÇÃO PESSOAL PARA CURSOS E ESTÁGIOS DO PROCAP/SAU**

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| **CURSO/ESTÁGIO:**  |

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| --- | --- |
| **Posto/Graduação:** | **A/Q/Sv/ especialidade**: |
| **Nome**: |
| **Idt**: | **Dt turma**: |
| **OM**: | **Dt apres Pr/Sv**: |
| **Tempo de Sv OM** | **Tempo de Sv Gu:** |
| **Nr telefone residencial**: | **Nr telefone funcional**:  |
| **Nr telefone celular**: | **e-mail**: |
| **Nr telefone celular funcional do Cmt/Ch/Dir do militar:** |
| **Estado Civil:** | **Nr dependente:** |
| **Cursos Civis:** |  |

01. Está amparado pela Portaria nº 691- Cmt Ex, de 22 SET 09 ou pela Portaria de criação e normatização do curso/estágio?

( ) não ( ) sim. Caso positivo, justificar.

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02. O militar atua na área do curso solicitado?

( ) não ( ) sim. Caso positivo, justificar.

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03. O militar já realizou algum curso do PROCAP/Sau?

( ) não ( ) sim. Caso positivo, justificar.

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04. O militar já realizou outros curso/estágios pela Força? (País/exterior)

( ) não ( ) sim. Caso positivo, justificar.

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05. O militar está “APTO” pela Inspeção de Saúde? **Anexar a cópia da Ata de Inspeção de Saúde atualizada**.

( ) não ( ) sim. Caso positivo, justificar.

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06. O militar esteve ou está (Se afirmativo, esclarecer: período, motivo etc., quando for o caso):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) *Sub judice*? | S [ ] | N [ ] | 4) Em LE? | S [ ] | N [ ] |
| 2) Respondendo IPM ou Sindicância? | S [ ] | N [ ] | 5) Em LTSP? | S [ ] | N [ ] |
| 3) Conselho de Disciplina? | S [ ] | N [ ] | 6) Em LTSPF? | S [ ] | N [ ] |

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07. O militar está previsto para matrícula no CAM da EsAO ou inscrito para seleção ao CAEM da ECEME, durante o curso?

( ) não ( ) sim. Caso positivo, informar o ano previsto do curso.

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08. Há previsão de participação do militar em atividades futuras (cursos, estágios, no Brasil ou no exterior, contingente de missão de paz etc.) no ano do curso/estágio?

( ) não ( ) sim. Caso positivo, justificar.

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09. O militar se inscreveu no Plano de Movimentação?

( ) não ( ) sim. Caso positivo, justificar.

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10. Parecer do Comandante

(O militar terá condições de representar o Exército em Estabelecimento de Ensino Civil Nacional (EECN) e inserir outras informações relevantes para apreciação do mérito)

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Local e data.

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Nome do Militar - Posto

(Cmt/Dir OM)