**ROYAUME DU MAROC**

**UNIVERSITE MOHAMMED V**

**Faculté de Médecine**

**et de pharmacie**

**RABAT**

**المملـكة المغـربية**

**جامــعة محـمد الخــامس**

**كلية الطب و الصيدلة**

**الربــاط**

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| **FICHE DE RENSEIGNEMENTS**  **ANNEE UNIVERSITAIRE : 2018/2019** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ETAT CIVIL** | | | | | | | | | | | | | |
| **Nom** | | | | ....................................................................... | | | | | | | | | | | | | | | ........................................................................ | | | | | | | | | | | | | | | | | | | **الاســم العـائـلـــي** | | | |
| **Prénom** | | | | ....................................................................... | | | | | | | | | | | | | | | ........................................................................ | | | | | | | | | | | | | | | | | | | **الاســم الشخصـي** | | | |
| **C.I.N.** | | | | ....................................................................... | | | | | | | | | | | | | | | **Massar** | | | | | | | | ........................................................................... | | | | | | | | | | | | | | |
| **Date de naissance** | | | | | | | | | …..…... /…..…...../................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lieu de naissance** | | | | | | | | | ....................................................... | | | | | | | | | | | ...................................................... | | | | | | | | | | | | | | | | **مـكــان الازديــــاد** | | | | | |
| **Province ou pays de naissance**  **Email :.**................................................................... | | | | | | | | | | | | | | | ....................................................................................................................  **Tél personnel**:…………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexe** | **Masculin**  | | | | | | | | | | | **Féminin**  | | | | | | **Nationalité** | | | | | | | | | | | ..................................................................... | | | | | | | | | | | | |
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| **SITUATION FAMILIALE** | | | | | | | | | | | | | | **HANDICAPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Célibataire**  **Marié(e)**  | | | | | | | | | | | | | | **Oui**  | | | | | | | **Non**  | | | | | | | **Type de handicap** | | | | | | | | | | | | ....................... | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BACCALAUREAT** | | | | | | | | | | | | | | |
| **Année** | | ........ | | | | | | **Série** | | | | ................................................................ | | | | | | | | | | | | | | | **Mention** | | | | | ................................................ | | | | | | | | | |
| **Type de lycée** | | | | | | | | **Libre**  | | | | **Public**  | | | | **Privé**  | | | | | | | **Militaire**  | | | | | | | | **Français**  | | | | | | | | | **Autre**  | |
| **Académie** | | | | | | | .................................................... | | | | | | | | | **Province** | | | | | | | | | ............................................................................. | | | | | | | | | | | | | | | | |
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| **RESIDENCE DES PARENTS** | | | | | | | | | | | | | | | | | |
| **Adresse** | | | ........................................................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Code postal** | | | | | | ............. | | | | **Commune** | | | ........................... | | | | | | | **Pays** | | | | | | .......................... | | | | | | |  | | | | ....................................... | | | | |
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| **HEBERGEMENT DE L’ETUDIANT** | | | | | | | | | | | | | | | | | | | | |
| **Type d’hébergement** | | | | | | | | | | | ……………..…... | | | | **Adresse** | | | | | | | ……………………………………………………………………  ……………...……………………………………….... | | | | | | | | | | | | | | | | | | | |
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| **ACTIVITE SOCIO-PROFESSIONNELLE** | | | | | | | | | | | | | | | | | | | | | | | |
| **du père**  **(ou tuteur)** | | | | | ................................................................. | | | | | | | | | | | | **de la mère** | | | | | | | ................................................... | | | | | | | | | | | | | | | **Boursier** | | |
| **Oui**  | | **Non**  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **INSCRIPTION** | |
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| **Inscrit en 1ère Année** **Pharmacie** | | | |