

## FORMULIR PENDAFTARAN VIDEO PELAYANAN KESEHATAN

Nama Jurusan :

Subtema :

Nama Peserta (maksimal 10) :

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

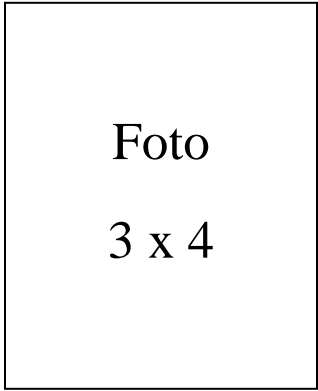
- \* Sertakan fotocopy KTM peserta 1 lembar atau KRS terbaru 1 lembar atau surat keterangan mahasiswa aktif bagi mahasiswa baru.
- \* Sertakan pas photo 3x4 berwarna di lampiran selanjutnya.

Peserta / Perwakilan

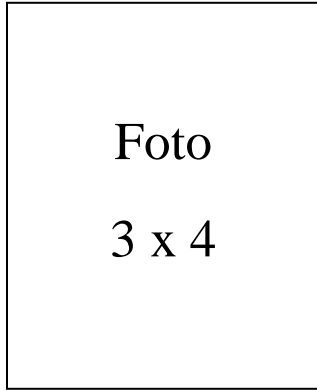
---

NIM.

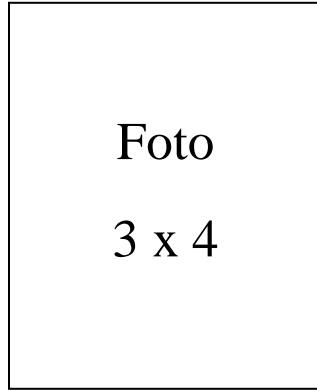
SINOPSIS VIDEO :



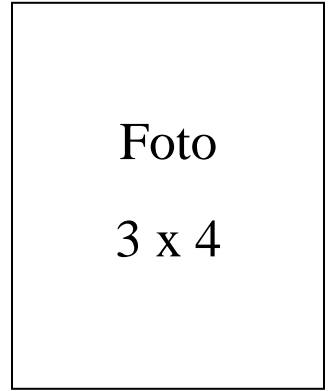
Nama :



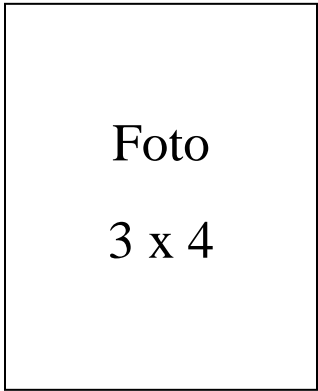
Nama :



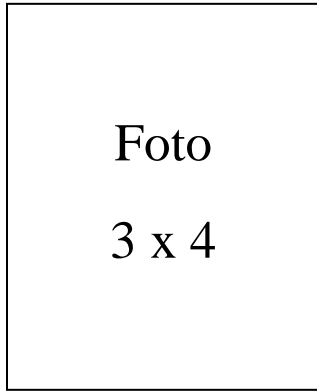
Nama :



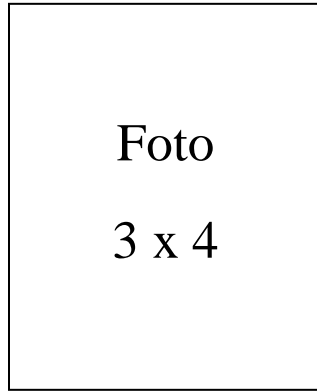
Nama :



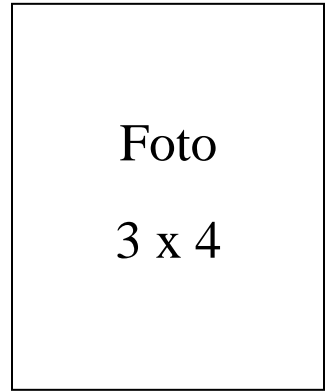
Nama :



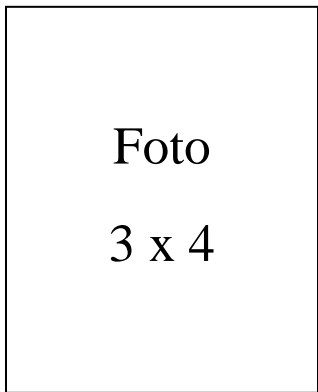
Nama :



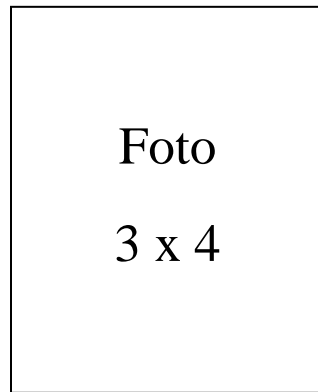
Nama :



Nama :



Nama :



Nama :