**FORMULÁRIO DE SOLICITAÇÃO DE RECURSO**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.G.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data de Nascimento: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Residente e domiciliado (a) na cidade de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado de \_\_\_\_\_\_\_\_\_, inscrito (a) no **PROCESSO SELETIVO PARA O PROGRAMA DE FELLOSHIP EM PATOLOGIA CIRÚRGICA (BA/RJ/SP) DO IDOR/2025**, vem à presença dos senhores, recorrer da **QUESTÃO DE Nº** \_\_\_\_\_\_\_\_\_, do GABARITO PRELIMINAR divulgado por esta Comissão, conforme prazo legal, pelo(s) motivo(s) abaixo justificado:

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**Estou ciente de que o não atendimento das regras contidas no Edital que regula o Concurso, no que se refere a recurso, poderá ensejar na rejeição deste.**