

SHI Koyat FORM

	DATE:
NAME: _____ MANZIL: _____ TEL.: _____ FAKS: _____ SHAXS IN TO'LIQ: _____	Tegishli Hujjatlar: (Birikirilgan: Faks, harflar, yozuvlar telefon aloqasi va boshqalar)
MUAMMO TAVSIF	

Kimga bo'l tomonidan yakunlandi tashkilot

HARAKAT:		
MAS'UL Amalga oshirish uchun :		DATE:
MA'LUMOT TO HARAKAT:	Tuzatish profilaktika chora-tadbirlari	HARAKAT <input type="checkbox"/>
DIREKTOR OF MARKETING & SOTISH		DATE:
(To'liq ism & Imzo)		