**Etat des Formations Suivies par le Doctorant**

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| **Informations personnelles** | | | | | | |
| Nom et prénom…………………………………………………… | | | | | | CIN : ……………………… |
| Formation Doctorale..: …………………………………………… | | | | | | Laboratoire..: ………………… |
| Année de la 1ère inscription en doctorat : | | | | ……………………………………………………… | | |
| Salarié | Oui | domaine d’activité………………………………………………………… | | | | |
| Non | | | | | |
| Bourse | CNRST | | Ministère | | Autre (à préciser) :....................................... | |

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| **Formations Complémentaires Transversales** | | | | |
| **Intitulé de la FC Transversale** | **Professeur** | **Date** | **Nb de séances** | **Total heures** |
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| **Formations Complémentaires Spécifiques** | | | | |
| **Intitulé de la FC Spécifique** | **Professeur** | **Date** | **Nb de séances** | **Total heures** |
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| **Participation aux rencontres, journées, séminaires, …etc.** | | | |
| **Intitulé de la rencontre, journée, séminaire...etc.** | **Lieu** | **Date** |  |
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| **Participation à l’organisation des rencontres, journées, séminaires, …etc.** | | | |
| **Intitulé de la rencontre, journée, séminaire, …etc.** | **Lieu** | **Date** |  |
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| **Autres activités** | | | | |
| **Nature** | **Intitulé** | **Lieu** | **Date** |  |
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**Signature du doctorant :**