

ESTADO DO RIO GRANDE DO SUL

**Prefeitura Municipal de Boa Vista do Buricá**

*Terra de Empreendedores*

**ANEXO III - FORMULÁRIO DE RECURSO**

**(Retificado)**

**CARGO: MÉDICO**

**Assinale com um X o item referente à interposição do recurso**

|  |  |
| --- | --- |
|  | Contra a formulação de questões da Prova Objetiva |
|  | Gabarito preliminar da Prova Objetiva |
|  | Resultado da Prova Objetiva |
|  | Resultado preliminar do Concurso Público |

Justificativa:

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Data: \_\_\_\_\_\_/ 07 / 2022.