**სსიპ საჯარო აუდიტის ინსტიტუტის საპრეტენზიო კომისიას**

 მოქ.---------------------------------------------------------

 მის.---------------------------------------------------------

 ტელ.-------------------------------------------------------

 მობ. ტელ.-------------------------------------------------

 ელ. ფოსტა------------------------------------------------

**საპრეტენზიო განაცხადი**

ტესტირების პროცედურის დარღვევის ფაქტის შემთხვევაში აღწერეთ დარღვეული პროცედურა

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ტესტის შეფასებასთან დაკავშირებული პრეტენზიის არსებობის შემთხვევაში მიუთითეთ ტესტის საკითხის ნომერი, რომლის შესახებაც წარდგენილია პრეტენზია და დაასაბუთეთ

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განმცხადებლის ხელმოწერა

თარიღი