**EK – 1; Engelli Adaylar İçin Engel Beyan Tablosu**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **T.C.KİMLİK NO** | **ADI SOYADI** | **SİCİLİ** | **KURUMU** | **ENGEL TÜRÜ** | **ENGEL ORANI** | **SAĞLIK KURULU RAPORU (VAR-YOK)** | **ENGELLİ KİMLİK KARTI (VAR-YOK)** | **YAZILI SINAV SIRASINDA ALINMASINI İSTEDİĞİ TEDBİR***ÖR:**\*GÖRME ENGELLİ ADAYLAR İÇİN OKUTMAN**\*ORTAPEDİK ENGELLİ ADAYLAR İÇİN ZEMİN KATTAKİ SINAV SALONU VB)* |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
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