**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