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| **Schedule No. 5 to ToR**  **LIST OF SERVICES**  List of performed services, to the extent necessary to demonstrate compliance with the condition of technical and professional capacity, in the last 3 years before the deadline for submission of tenders, and if the period of operation is shorter- in this period, specifying their subject, dates of execution and entities for which they were performed **and attaching proof that these services were duly performed**.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **#** | **Subject of the service:** | **Number of recruited students/field of study** | **Execution dates** | **Recipient** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *The form should be signed with a qualified electronic signature of the authorized person(s)* | **Załącznik nr 5 do SWZ**  **WYKAZ USŁUG**  Wykaz wykonanych usług, w zakresie niezbędnym do wykazania spełniania warunku zdolności technicznej i zawodowej, w okresie ostatnich 3 lat przed upływem terminu składania ofert, a jeżeli okres prowadzenia działalności jest krótszy - w tym okresie, z podaniem ich przedmiotu, dat wykonania i podmiotów, na rzecz których były wykonane **oraz załączeniem dowodu potwierdzającego, że te usługi zostały wykonane należycie.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Lp.** | **Przedmiot usługi:** | **Ilość zrekrutowanych studentów/ kierunek studiów** | **Daty wykonania** | **Odbiorca** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *Formularz należy podpisać*  *kwalifikowanym podpisem elektronicznym*  osób/-y uprawnionych/-ej |