

# **SERVICIO DE SALUD O”HIGGINS**

# **Subdirección MédicaDepartamento de Coordinación EstratégicaSubdepartamento de Formación y R.A.D.**

#  **Depto. Capacitación, Formación y Educación Continua**

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| **ANEXO 7.0 ACEPTACION DE PLAZA DE EDF** |

**ART. 8, LEY 19.664**

**PROCESO DE SELECCIÓN PARA ACCEDER A PLAZAS DE MEDICOS CIRUJANOS, SERVICIO DE SALUD O”HIGGINS CON ASUMO AL 18 DE MAYO DE 2020**

**APELLIDO PATERNO**

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**APELLIDO MATERNO**

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**NOMBRES**

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**RUT TELEFONO (Móvil o Fijo)**

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**CORREO ELECTRONICO:**

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**PROFESIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIVERSIDAD DE EGRESO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AÑO EGRESO: \_\_\_\_\_\_\_\_\_\_\_\_**

**NACIONALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEFONO ALTERNATIVO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECCIÓN PARTICULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_**

**DEPTO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COMUNA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAZA TOMADA :**

COMUNA :

DECLARO CONOCER LAS BASES DEL CONCURSO REGIONAL DEL SERVICIO DE SALUD O” HIGGINS, SEGÚN RESOLUCION EXENTA N° 1387 de fecha 23.04.2020 del SERVICIO DE SALUD O”HIGGINS, Y ME SOMETO A LAS CONDICIONES DE CONTRATACION DEL SERVICIO PUBLICO, PARA LO CUAL FIRMO.

Rancagua,

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**FIRMA POSTULANTE**