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| **ANEXO C: FORMULARIO DE POSTULACIÓN** |

**PROCESO DE SELECCIÓN, PARA EL INGRESO A LA ETAPA DE DESTINACIÓN Y FORMACIÓN E.D.F. AÑO 2020, DEL ARTÍCULO 8° LEY N° 19.664, DEL SERVICIO DE SALUD O”HIGGINS, PARA MÉDICOS CIRUJANOS, TITULADOS ENTRE EL 1° DE ABRIL DE 2018 Y 31 DE DICIEMBRE DE 2019.**

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| **N° de Folio** |  |  |  |

(Uso de la Comisión)

**IDENTIFICACIÓN PERSONAL:**

Apellido Paterno

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Apellido Materno

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Dirección particular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comuna \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Región: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono particular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_celular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correo electrónico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**muy clara**)

Universidad de egreso\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de egreso\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (día / Mes / Año)

Nacionalidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Etnia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARO CONOCER LAS PRESENTES BASES Y ME HAGO RESPONSABLE DE LA VERACIDAD Y PERTINENCIA DE LA DOCUMENTACIÓN PRESENTADA AL CONCURSO, PARA LO CUAL FIRMO**

**.......................................................................................**

**FIRMA DEL POSTULANTE**