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| ANEXO N° 7ACEPTACIÓN DE CUPO DE FINANCIAMIENTO DE BECA PARA ESPECIALIDAD, INGRESO AÑO 2022 SERVICIO DE SALUD DEL LIBERTADOR GENERAL BERNARDO O´HIGGINS |

**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 ELECTRÓNICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEXO (F/M) \_\_\_\_\_\_\_\_\_\_\_\_

FECHA DE NACIMIENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NACIONALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMUNA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESPECIALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNIVERSIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPO CLINICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FECHA DE INICIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERÍODO ASISTENCIAL OBLIGATORIO (PAO)**

SERVICIO DE SALUD DESTINO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DURACIÓN DEL PERÍODO ASISTENCIAL OBLIGATORIO (P.A.O.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTABLECIMIENTO DE RETORNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EL DIRECTOR DEL SERVICIO DE SALUD TIENE LA ATRIBUCION LEGAL PARA ORGANIZAR LA RED ASISTENCIAL DE ACUERDO A LAS NECESIDADES SANITARIAS, POR LO QUE PODRÍA CAMBIAR EL ESTABLECIMIENTO DE DEVOLUCIÓN, DE ACUERDO A LA NECESIDADES ASISTENCIALES.

DECLARO CONOCER LAS BASES DEL CONCURSOLOCAL 2022, SEGÚN RESOLUCIÓN EXENTA N° \_\_\_\_\_\_\_ DEL \_\_\_/\_\_\_/\_\_\_\_ Y ME SOMETO A LAS CONDICIONES DE CONTRATACIÓN DEL SERVICIO PÚBLICO, PARA LO CUAL FIRMO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRMA DEL POSTULANTE O