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| ANEXO N° 13ACEPTACIÓN DE CUPO DE FINANCIAMIENTO DE BECA PARA ESPECIALIDAD, INGRESO AÑO 2023 SERVICIO DE SALUD 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 CONCURSO LOCAL 2023, SEGÚN RESOLUCIÓN EXENTA N° \_\_\_\_\_\_\_ DEL \_\_\_/\_\_\_/\_\_\_\_ Y ME SOMETO A LAS CONDICIONES DE CONTRATACIÓN DEL SERVICIO PÚBLICO, PARA LO CUAL FIRMO:

 FIRMA DEL POSTULANTE O REPRESENTANTE

Rancagua, \_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023