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| **SAD.C.S. F1**  **Formulario N° 1**    Solicitud N° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | Distrito | |  | | | | | | | | | | | | | | Fecha | | |  | | / |  | / |  | | |
| **DECLARACIÓN JURADA. INSCRIPCIÓN EMERGENCIA.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nivel |  | | | | | | | | | | | | Modalidad | | | | |  | | | | | | | | | | | | | | |
| Cargo | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Espacio Curricular | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🖵 EMERGENCIA | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| TIPO DOC. | | | | N° DOCUMENTO | | | | | | SEXO | | APELLIDO Y NOMBRES | | | | | | | | | | | | | | | | | | | | |
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| CUIL/CUIT N° | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Nacionalidad | | |  | | | | | | Fecha Nacimiento | | | | |  | / |  | | | / |  | | | Lugar | | |  | | | | | |
| Domicilio | | |  | | | | | | | | | | Localidad | | | |  | | | | | | | | | | | | | | |
| Código Postal | | |  | | | | Teléfono | | | |  | | | | | | | | | | ¿Es Jubilado? | | | | |  | | | | | |

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| TITULO - CERTIFICADO | EXPEDIDO POR | | F.S. |
| CAPACITACIÓN DOCENTE – CALIFICACION.  DESEMPEÑO DOCENTE | ESTABLECIMIENTO | REPARTICIÓN |
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Declaro bajo juramento que los datos que consigno son exactos y que tomo conocimiento de las normas vigentes.

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| Acompaño |  | fojas |

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| Firma del Interesado |  | Firma del Funcionario Interviniente |

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Constancia de Inscripción Emergencia

**SAD.C.S. F1**

**Formulario N° 1**

**SAD.C.S. F1**

**Formulario N° 1**

**SAD.C.S. F1**

**Formulario N° 1**

Nombre y apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Lugar y fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acompaño \_\_\_\_\_\_ fojas

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Firma del funcionario interviniente