

**FICHA DE INSCRIPCIÓN DEL POSTULANTE**

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| **AÑO** |  |  | **CÓDIGO DE INSCRIPCIÓN** |  |

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| Nombre del IES/IEST | |  | | | | | Código modular | | |  | |
| Tipo de Gestión | |  | | | | | DRE/GRE | | |  | |
| Resolución de licenciamiento y/o autorización (tipo, número y fecha) | | | |  | | | | | | | |
| Resolución de renovación y/o revalidación (tipo, número y fecha) | | | |  | | | | | | | |
| Lugar donde se presta el servicio educativo | | Sede principal | |  | | Filial | |  | Local | |  |
| Departamento |  | | | | | DRE/GRE | |  | | | |
| Provincia |  | | | | | Distrito | |  | | | |
| Centro poblado |  | | | | | Teléfono | |  | | | |
| Dirección | (avenida, jirón, calle) | | | | | | | | | | |
| CORREO ELECTRÓNICO | | | | | PÁGINA WEB | | | | | | |
|  | | | | |  | | | | | | |
| Programa de estudios o carrera | | |  | | | | | | | | |
| Nivel formativo | | |  | | | | | | | | |

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| **DATOS DEL POSTULANTE** | | | | | | | | | | | | | | | | |
| **APELLIDO PATERNO** | | | **APELLIDO MATERNO** | | | **NOMBRES** | | | | | | | **SEXO** | | | |
|  | | |  | | |  | | | | | | | **F** |  | **M** |  |
| **FECHA DE NACIMIENTO** | | | **DOCUMENTO DE IDENTIDAD**  (DNI, CE, OTROS) | | | | | | **EDAD** | | **PAÍS** | | | | | |
|  |  |  |  | | | | | |  | |  | | | | | |
| **LUGAR DE NACIMIENTO** | | | **DISTRITO** | | | **PROVINCIA** | | | | | | **REGIÓN** | | | | |
|  | | |  | | |  | | | | | | |  | | | |
| **DOMICILIO** | | | | **TRABAJA** | | | | | | **PUESTO** | | | | | | |
|  | | | | **SÍ** |  | | **NO** |  | |  | | | | | | |
| **ESTADO CIVIL** | | | **TELÉFONO** | | | **CORREO ELECTRÓNICO** | | | | | | | | | | |
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Lugar y fecha: .........................................................................

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| Director general  Sello, firma, posfirma | …………………………………. |  |  | Secretario académico  Sello, firma, posfirma |
|  | Postulante  Firma |  |  |  |