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| **ANEXO N° 1: FORMULARIO DE POSTULACION** |

**IDENTIFICACIÓN PERSONAL:**

Apellido Paterno

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Apellido Materno

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Nombres

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**DETALLE DE LA DOCUMENTACIÓN PRESENTADA:**

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| **Descripción** | **N° de Hojas Enviadas** |
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***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 Y RUT DEL POSTULANTE**

Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ANEXO N° 2: DESEMPEÑO EN UNIDADES ONCOLÓGICAS** |

El (la) Jefe (a) de la Unidad Oncológica / Servicio / Otro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (especificar) del \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifica que:

El (la) funcionario (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ se desempeña en el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ desde el \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_. (DD / MM / AA), manteniendo funciones a la fecha.

Cabe señalar que, en caso de ser seleccionado(a), se autoriza la ausencia por dos semanas del (la) funcionario(a), sin que ello afecte la atención directa de los pacientes.

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**Nombre de Jefatura de Unidad/Servicio/Otro**

**……………………………………………………………………………………………………**

**Firma y Timbre**

Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_