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| **Dependencia responsable de la capacitación/entrenamiento:** | | | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **Fecha:** | **dd** |  | **mm** | |  | | **aaaa** |  | **Presencial** |  | | **Si es presencial indicar el lugar:** |
| **Virtual** |  | |
| **Tema:** |  | | | | | | | | | | | |
| **Intensidad (horas):** | | | |  | | | | | | | | |
| **Nombre/s Instructor/es:** | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| **Contenido de la capacitación/entrenamiento:** | | | | | | | | | | | | |
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| **Observaciones:** | | | | | | | | | | | | |
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**ASISTENTES A LA CAPACITACIÓN / ENTRENAMIENTO:**

**Nota:** en caso de ser capacitación virtual se puede anexar el reporte de asistencia generado por las plataformas de reuniones o plataformas que generen formularios

| **N°** | **NOMBRE** | **IDENTIFICACIÓN** | **CARGO** | | | | | **VINCULACIÓN** | | | | **DEPENDENCIA** | **CORREO ELECTRÓNICO** | **FIRMA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

D: Directivo A: Asesor Pr: profesional T: Técnico A: Auxiliar CA: Carrera Administrativa P: Provisional LN: Libre Nombramiento C: contratista