**FORMULARIO DATOS PERSONALES**

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| **DATOS PERSONALES** | | | | |
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|  | Apellidos |  | Nombres |  |
|  | No. Identificación: |  |  |  |
|  | Nacionalidad: |  | Años Residencia: |  |
|  | Fecha Nacimiento: |  | Género: |  |
|  | Tipo Sangre: |  | Estado Civil: |  |
|  | Discapacidad: |  | No. Carné: |  |
|  | Tipo Discapacidad: |  | % Discapacidad: |  |
|  | Identificación étnica: |  | Nacionalidad: |  |
|  | Correo Institucional: |  | Correo Personal: |  |
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| **DIRECCIÓN DOMICILIARIA** | | | | |
|  | Parroquia: |  |  |  |
|  | Calle Principal: |  | Calle Secundaria: |  |
|  | Número: |  | Referencia: |  |
|  | Tlf. Domicilio: |  | Tlf. Celular: |  |
|  | Tlf. trabajo: |  | Extensión: |  |
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| **INFORMACIÓN CONTACTO EMERGENCIA** | | | | |
|  | Apellidos: |  | Nombres: |  |
|  | Parentesco: |  |  |  |
|  | Tlf. Contacto: |  | Tlf. Celular: |  |
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| **NIVEL DE INSTRUCCIÓN** | | | |  | | |
| **Institución** | **Nivel Instrucción** | **Título** | **Fecha** | | **Año** | **# Senescyt** |
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| **CAPACITACIÓN** | | | |  | | |
| **Tipo Evento** | **Nombre** | **Institución** | **Fecha Inicio** | | **Fecha Fin** | **Duración / hrs** |
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| **PROYECTOS** | | |  | | |
| **Periodo** | **Proyecto** | **Rol** | | **Fecha Inicio** | **Fecha Fin** |
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| **PUBLICACIONES Y OTRAS PARTICIPACIONES** | | | |  |
| **Tipo** | **Lugar** | **Nombre** | **Fecha** | |
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| **DIRECCIÓN INSTITUCIONAL (CARGO DIRECTIVO, ADMINISTRATIVO O ACADÉMICO)** | | | | |  |
| **Periodo** | **Cargo** | **Fecha Inicio** | **Fecha Fin** | **Descripción** | |
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| **ASISTENCIA TÉCNICA, ASESORAMIENTO, PRESTACIÓN DE SERVICIOS** | | |  |
| **Periodo** | **Actividad** | **Cliente** | |
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| **EXPERIENCIA LABORAL** | | | |  | | |
| **Cargo** | **Área** | **Institución** | **Fecha Ingreso** | | **Fecha Salida** | **Duración** |
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| **EXPERIENCIA DOCENTE SUPERIOR** | | | | |  |
| **Institución** | **Facultad / Escuela** **Institución** | **Materias de mayor experiencia** | **Fecha Desde** | **Fecha Hasta** | |
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| **PARTICIPACIONES RELEVANTES** | | | | |  |
| **Tipo** | **Organización** | **Cargo o Actividad** | **Fecha Desde** | **Fecha Hasta** | |
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| **PERTENENCIA A AGRUPACIONES GREMIALES** | | | |  |
| **Nombre** | **Cargo o Actividad** | **Fecha Desde** | **Fecha Hasta** | |
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| **REFERENCIAS PERSONALES** | | | |  |
| **Nombres y Apellidos** | **Teléfono** | **Cargo** | **Institución** | |
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**Firma de Responsabilidad**

**Nombres y apellidos:**

**CC:**