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## SERVICIO DE SALUD O’HIGGINS CARGO Nº \_\_\_\_\_\_\_

**ANEXO I**

**CARTA RENUNCIA A CARGO**

**APELLIDO PATERNO**

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**APELLIDO MATERNO**

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**NOMBRES**

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**RUN TELEFONO (Móvil o Fijo)**

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**CORREO ELECTRONICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICIO DE SALUD:**

**ESTABLECIMIENTO:**

**CARGO:**

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**Firma postulante**

**Rancagua, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**