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| **ANEXO N° 1****LUGAR Y PERIODO DE DESEMPEÑO EN DESTINACIÓN** |

NOMBRE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Servicio de Salud** | **Establecimiento** | **Dependencia****(Municipal o Servicio)** | **Fecha DESDE****(dd/mm/aaaa)** | **Fecha HASTA****(dd/mm/aaaa)** | **MOTIVO****Buen Servicio****Otro** |
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**\*\*Deberá acompañar Certificado de Relación de Servicio y Hoja de Vida funcionaria**