

MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO

PLANTILLA RESPUESTAS VALIDAS
BOLSA AUXILIARES ENFERMERIA

RESIDENCIA SAN TELMO

marque así en círculo

así no marque

Apellidos _____

Nombre _____ Fecha _____

Firma _____

(Por favor, al firmar no sobrepase la zona sombreada)

Tipos de acceso

- Libre Promoción interna Discapacitado

D.N.I.

Ejemplo D.N.I.

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0	0	0	0	0	0	0
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2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Consiento expresamente en la corrección de esta prueba, por medios manuales o mecánicos, y en la incorporación de sus resultados a un fichero automatizado, con los requisitos establecidos en la Ley Orgánica 15/99 de protección de datos, y me doy por enterado de mi derecho a acceder a la información contenida en el mismo, rectificarla o cancelarla en lo que me afecte.

11	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	31	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	51	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	71	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	91	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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