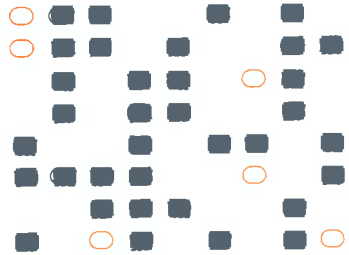


MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO

marque así en círculo

así no marque



Apellidos _____

Nombre _____ Fecha _____

Firma _____

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

Tipos de acceso BOLSA DE AUXILIARES

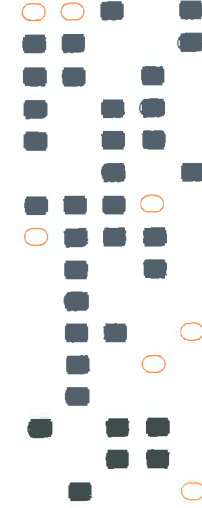
Libre Promoción interna Discapacitado

D.N.I.

Ejemplo D.N.I. 2589031

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9	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.



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