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| DATOS GENERALES DE LA PERSONA ASPIRANTE | | | | |
| Nombre(s) | | | **Apellido Paterno** | **Apellido Materno** |
|  | | |  |  |
| Género | | Masculino Femenino | | |
| Tipo de discapacidad: |  | | | |

**TIPO DE CARGO AL QUE BUSCA POSTULARSE**

Ayuntamiento Gubernatura Diputación

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| Distrito | Ayuntamiento |
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| DATOS DE CONTACTO | | | |
| Correo electrónico: | |
|  | Teléfono (s) | |  |

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| DATOS DEL AUXILIAR | | | | | | | | | | | |
| Nombre (s) | | | | | **Apellido Paterno** | | | **Apellido Materno** | | | |
|  | | | | |  | | |  | | | |
| Género | | | Masculino Femenino | | | | | | | | |
| Domicilio | |  | | | | | | | Edad: | |  |
| CURP |  | | | **RFC** | |  | **CLAVE DE ELECTOR** | | |  | |

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| DATOS DE CONTACTO | | | | |
| Correo electrónico: | |
| Teléfono (s) | Casa | | Celular | Oficina |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nombre del Auxiliar | Firma del Auxiliar |