**REGISTRO DE POSTULANTES**

###### Instrucciones

Lea cuidadosamente todo el formulario, posteriormente complételo sin dejar ningún espacio en blanco, excepto aquellas casillas que no apliquen a su persona.

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| POSTULACIÓN |
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| N° de Referencia: |  |
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| Nombre del Puesto: |  |

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| FORMULARIO DE HOJA DE VIDA |
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| 1. INFORMACIÓN PERSONAL (Coloque sus datos personales tal como están reflejados en su documento de identificación Ej. Apellido de casada) |
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| Tipo de Documento | Cédula de Identidad |  | Nº Documento |  | Expedido en |  |
| Pasaporte |   |  |  |
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| Apellido Paterno |  | Apellido Materno |  | Apellido de Casada |  |
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| Nombres |  |  |  |
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| Fecha de Nacimiento |   |  |  | Lugar de Nacimiento |  | Edad |  |
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| Dirección DomicilioSeñalar Av., Calle, Pasaje, No. Edificio, Departamento, Piso. |  | Zona |  |
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| Número de años de servicio en la UMSA |  | Teléfono Domicilio |  | Celular (es) |  |
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| E-mail personal |   |

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| **2. INFORMACIÓN ACADÉMICA**Indique todos los detalles solicitados. |

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| Secundaria |

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| Centro Educativo |  | Ultimo curso vencido |  | Título obtenido |  | Año |  | Ciudad |
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| Técnico Medio / Superior |

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| Centro Educativo |  | Grado o Título obtenido (Técnico Medio o Superior) |  | Formación Académica (Carrera o Profesión)  |  | Fecha del Titulo |  | Ciudad |
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| Maestría |

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| Doctorado |

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| Idiomas o Lenguajes (Colocar numéricamente el porcentaje en cuanto a lectura, escritura y/o expresión verbal del idioma que haga referencia. No coloque la lengua castellana). |

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| Idioma |  | Lee % |  | Escribe % |  | Habla % |

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| Computación (colocar una X en el espacio que crea corresponda a su conocimiento). |

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| Paquete Informático |  | Regular |  | Bueno |  | Muy bueno |  | Excelente |

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| Cursos del CENCAP (Centro Nacional de Capacitación – Contraloría General del Estado) |

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| Curso |  | Duración en horas |  | Fecha de Inicio |  | Fecha de Conclusión |  | Ciudad |
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| Otros Cursos mayores o iguales a 10 horas |

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| **3. INFORMACIÓN SOBRE ACTIVIDAD DOCENTE**Indique día/mes/año o los periodos comprendidos.  |

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| **4. INFORMACIÓN SOBRE EXPERIENCIA LABORAL EN LA UMSA**Comience registrando sus datos por su función actual cuidando de anotar la fecha de inicio y marcando con una “X” en el espacio que indica “Vigente” si así fuera. |

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| Cargo Desempeñado |  |  |

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| Cargo del Jefe Inmediato Superior |  |  |

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| Fecha de Inicio |  |  |  |  |  | Fecha de Conclusión |  |  |  |

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| Breve descripción de funciones  |  |  |

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| Unidad  |  |  |
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| Dpto. -**Decanato - Instituto** |  |  |  | Teléfono |  |  |

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| Cargo Desempeñado |  |  |

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| FIRMA DEL POSTULANTE |  | FECHA DE SUSCRIPCIÓN |

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| NOTA IMPORTANTEEl Formulario Registro de Postulantes se constituye en **DECLARACIÓN JURADA,** por lo que deberá estar firmada, caso contrario su postulación no se tomará en cuenta.Si considera necesario puede adjuntar más hojas con el mismo formato.Su postulación no será tomada en cuenta si el Formulario Registro de Postulantes no cumple con las especificaciones indicadas.Adjuntar fotocopias simples, si corresponde, de acuerdo a lo establecido en la convocatoria interna. |