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| **RECURSOS HUMANOS** PERSONAL DE APOYO |
| **TITULAR / RAZON SOCIAL** |  *NOMBRE*  | **DOMICILIO** |  *DOMICILIO DEL ESTABLECIMIENTO*  |
|
| **SERVICIO** |  *SERVICIO*  |
| **DIRECTOR TECNICO** | **NOMBRE Y APELLIDO** |  *DIRECTOR TECNICO*  | **MATRÍCULA** |  *MATRICULA*  | **TITULO/ ESPECIALIDAD** |  *TITULO / ESPECIALIDAD*  |
| **NOMBRE****Y APELLIDO** | **DNI** | **FUNCION** | **LIBRETA SANITARIA – FECHA DE VENCIMIENTO** | **FIRMA Y SELLO** |
|  *NOMBRE*  |  *DNI*  |  *ESPECIALIDAD*  |  ***FECHA***  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  ***\_ \_ \_ \_***  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  ***\_ \_ \_ \_***  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  ***\_ \_ \_ \_***  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  ***\_ \_ \_ \_***  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  ***\_ \_ \_ \_***  |  |
| **ESTE DOCUMENTO TIENE CARÁCTER DE DECLARACION JURADA** |
|   **FIRMA Y SELLO DIRECTOR TECNICO** |