**ANEXO H.: FORMATO RENUNCIA A CUPO DE ESPECIALIZACIÓN**

**CONCURSO 2017**

## **CUPO Nº.......**

**APELLIDO PATERNO**

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**APELLIDO MATERNO**

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**RUN TELEFONO (Móvil o Fijo)**

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**SERVICIO DE SALUD DE DESEMPEÑO**

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**ESTABLECIMIENTO DE DESEMPEÑO**

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**CUPO OBTENIDO :**

**UNIVERSIDAD :**

**SEDE :**

**DURACION :**

**.......................................................................................**

**FIRMA DEL POSTULANTE**

**FECHA-.............**