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| Quiénes somos | **SERVICIO NACIONAL DE APRENDIZAJE**  **SISTEMA INTEGRADO DE GESTIÓN** | **La presente formación se programa en atención a la solicitud con Radicado**  **No Fecha de asignación desde Coordinación Académica / / 2020** |

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| **COMPLEMENTARIA** | **X** |  | **TITULADA** |  |

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| Código programa de formación\* | **11110178** | | | | | | | | | | | | | | | | | |
| Nombre del Programa\* | PLAN DE MANEJO INTEGRAL DE RESIDUOS DE CONSTRUCCION Y DEMOLICION | | | | | | | | | | | | | | | | | |
| Versión del programa\* | 1 | | | | | | | | | | | | | | | | | |
| Duración Máxima (Horas)\* | 20 | | | | | | | | | | | | | | | | | |
| Fecha de Inicio\* | 2025-09-12 | | | | | | | | | | | | | | | | | |
| Fecha prevista de terminación\* | None | | | | | | | | | | | | | | | | | |
| Cupo\* | 25 | | | | | | | | | | | | | | | | | |
| Modalidad del programa |  | | | | | | | | | | | | | | | | | |
| Departamento desarrollo de formación\* |  | | | | | | | | | | | | | | | | | |
| Municipio desarrollo formación\* |  | | | | |  | | | | |  | | | | | | | |
| Dirección donde se va a realizar la formación\* |  | | | | | | | | | | | | | | | | | |
| Nombre responsable\* | INSTRUCTOR INS | | | | | | | | | | | | CC | | 1061781691 | | | |
| Correo electrónico\* | juanmontilla@unicomfacauca.edu.co | | | | | | | | | | | | | | | | | |
| Empresa solicitante |  | | | | | | | | | | | | | | | | | |
| Subsector económico\* |  | | | | | | | | | | | | | | | | | |
| Programa especial | **ALIANZAS ESTRATEGICAS** | | | | | | | | | | | | | | | | | |
| Convenio |  | | | | | | | | | | | | | | | | | |
| Nombre y área en metros del ambiente | { ambiente } | | | | | | | | | | | | | | | | | |
| Días semana de programación\* | **x** | **LUN** | **x** | **MAR** | **x** | | **MIE** | **x** | **JUE** | **x** | | **VIE** | | **x** | | **SAB** |  | **DOM** |
| Horario del curso de formación\* | { horario } | | | | | | | | | | | | | | | | | |
| Fechas de ejecución de la formación (mes 1) |  | | | | | | | | | | | | | | | | | |  |
| Fechas de ejecución de la formación (mes 2) |  | | | | | | | | | | | | | | | | | |
| Código de solicitud |  | | | | | | | | | | | | | | | | | |
| Código de ficha |  | | | | | | | | | | | | | | | | | |
| Fecha de inscripción |  | | | | | | | | | | | | | | | | | |

Nombre del instructor: Moisés García Vargas Firma Instructor

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Vo.Bo. Coordinador Académico