**REGISTRO DE CONTROL DE ASISTENCIA**

**INSTITUCIÓN**

Nombre :

**PRACTICANTE**

Nombre :

DNI :

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| **PRACTICANTE** | | **FECHA** | **HORA** | | **FIRMA DEL PRACTICANTE** |
| **APELLIDOS Y NOMBRES** | **DNI** | **INGRESO** | **SALIDA** |
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**NOMBRE DEL PRACTICANTE**

PRACTICANTE

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**NOMBRE DEL REPRESENTANTE**

REPRESENTANTE EMPRESA