 **DIRECCIÓN GENERAL DE CENTROS DE FORMACIÓN PARA EL TRABAJO**

**INSTITUTO DE CAPACITACIÓN PARA EL TRABAJO DEL ESTADO DE QUINTANA ROO**

**LISTA DE ASISTENCIA DE CURSOS NO REGULARES**

**(LACNR)**

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| **UNIDAD DE CAPACITACIÓN/ACCIÓN MOVIL** | | | {nombre\_unidad} | | | | | **C.C.T.** | | {clavecct} | | | **CICLO ESCOLAR** | | {anio} | |
| **LOCALIDAD** | {nombre\_localidad} | | | **MUNICIPIO** | | {nombre\_municipio} | | **PERIODO QUE SE REPORTA (6)** | | | | **{periodo}** | | | | |
| **CFP** | {cfp} | | | | | | | **ESPECIALIDAD** | | | | {especialidad} | | | | |
| **CURSO/MÓDULO** | {nombre\_curso} | | | | | | | **MODALIDAD** | | | **{modalidad}** | | | **GRUPO** | |  |
| **DIRIGIDO A** |  | | | | | | | **CONVENIO/PROGRAMA** | | | |  | | | | |
| **N° DE HORAS** | {total\_horas} | **FECHA INICIO** | | | {fecha\_inicio} | | **FECHA TÉRMINO** | {fecha\_fin} | | | **HORARIO** | {horario} | | | | |
| **INSTRUCTOR** | {nombre\_instructor} | | | | | | | | **CURP** | | {curp\_instructor} | | | | | |

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| No | NÚMERO DE  CONTROL | NOMBRE DEL CAPACITANDO  PRIMER APELLIDO / SEGUNDO APELLIDO / NOMBRE (S) | FECHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TOTAL | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | A | I |
| {#inscritos}{num} | {num\_control} | {nombre\_persona}{/inscritos} |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| (25) |  | (26)  (27) SELLO DE LA UNIDAD DE CAPACITACIÓN |
| NOMBRE Y FIRMA DEL INSTRUCTOR |  | NOMBRE FIRMA DEL JEFE DE  CAPACITACIÓN |