 **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** | | | (1) | | | | | **C.C.T.** | | (2) | | | **CICLO ESCOLAR** | | (3) | |
| **LOCALIDAD** | (4) | | | **MUNICIPIO** | | (5) | | **PERIODO QUE SE REPORTA (6)** | | | | **1º**  JUL-SEP **2º**  OCT-DIC **3º**  ENE-MAR **4º**  ABR-JUN | | | | |
| **CFP** | (7) | | | | | | | **ESPECIALIDAD** | | | | (8) | | | | |
| **CURSO/MÓDULO** | (9) | | | | | | | **MODALIDAD** | | | **(10)EXTENSIÓN**  **CAE** | | | **GRUPO** | | (11) |
| **DIRIGIDO A** | (12) | | | | | | | **CONVENIO/PROGRAMA** | | | | **(13)** | | | | |
| **N° DE HORAS** | (14) | **FECHA INICIO** | | | (15) | | **FECHA TÉRMINO** | (16) | | | **HORARIO** | (17) | | | | |
| **INSTRUCTOR** | (18) | | | | | | | | **CURP** | | (19) | | | | | |

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| (20) No | (21) NÚMERO DE  CONTROL | (22) NOMBRE DEL CAPACITANDO  PRIMER APELLIDO / SEGUNDO APELLIDO / NOMBRE (S) | (23) FECHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (24) TOTAL | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | A | I |
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| (25) |  | (26)  (27) SELLO DE LA UNIDAD DE CAPACITACIÓN |
| NOMBRE Y FIRMA DEL INSTRUCTOR |  | NOMBRE FIRMA DEL JEFE DE  CAPACITACIÓN |