

**SUBSECRETARÍA DE EDUCACIÓN MEDIA SUPERIOR**

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

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

**REGISTRO DE INSCRIPCIÓN, ACREDITACIÓN Y CERTIFICACIÓN DE CURSOS NO REGULARES**

**(RIACNR)**

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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** | (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) | | | | | | | | | | | | | | |

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| **(19)Nº** | **(20)**  **NUMERO DE CONTROL** | **(21)**  **NOMBRE DEL CAPACITANDO**  **PRIMER APELLIDO/SEGUNDO APELLIDO/NOMBRE(S)** | **INSCRIPCIÓN** | | | | | | **ACREDITACIÓN** | | | **CERTIFICACIÓN** | | |
| SEXO (22) | EDAD (23) | ESCOLARIDAD (24) | BECA (25) | DISCAPACIDAD (26) | NUEVO INGRESO (27) | (28)  A | (29)  NA | (30)  DESERCIÓN | (31)  FOLIO DE LA CONSTANCIA | (32)  FECHA DE RECIBIDO | (33)  FIRMA DEL CAPACITADO |
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SELLO DE RECIBIDO DE LA DTA 38

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| **NOMBRE Y FIRMA DEL 34**  **DIRECTOR DE LA UNIDAD** | **SELLO 35** |  | **NOMBRE Y FIRMA DEL 36**  **DIRECTORA TÉCNICA ACADÉMICA** | **SELLO 37** |