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|  | **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**  **Solicitud de Inscripción**  **(SID-01)** |  |



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| **FECHA DE INSCRIPCIÓN** |  |  | **NÚMERO DE FACTURA** |  |

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| DATOS DE LA UNIDAD DE CAPACITACIÓN | | | | |
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| **UNIDAD DE CAPACITACIÓN** |  |  | **CLAVE CCT** |  |
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| **DATOS PERSONALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APELLIDO PATERNO** | | | | | | | | | | | | | | | | | | | **APELLIDO MATERNO** | | | | | | | | | | | | | | | | | | | **NOMBRE(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SEXO** | **H** | | | |  | **M** | | | | | |  |  | | | **CORREO**  **ELECTRÓNICO** | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | **EDAD** | | | | | | | |  | | | |  | **TEL. PART.** | | | | | | | | | | | |  | | | | | | |
| **TEL. CEL.** | | | | | | | | | | | |  | | | | | | |
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| **C.U.R.P.** | | | |  | | | | | |  | | | |  | | | | | |  | | |  | |  | |  | | |  | | | |  | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  |  | |  | |
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| **DOMICILIO:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **COLONIA /LOCALIDAD** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **C.P.** |  | | | | | | | | | | | | | |  | | | **MUNICIPIO** | | | | | | | |  | | | | | | | | | |  | **ESTADO** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | **ESTUDIOS** | | | | | | |  | | |
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| **ESTADO CIVIL** | | | | | | | | | | | **SOLTERO** | | | | | | | | | | |  | | **CASADO** | | |  | **OTRO:** | | | | | | | | | | | | | | | | | |  | | | | | | **ESTUDIOS:** | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **DISCAPACIDAD QUE PRESENTA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VISUAL** | | |  | | | |  | | | **AUDITIVA** | | | | | | | | | | |  | |  | | **LENGUAJE** | | | | | |  | | |  | **MOTRIZ O MÚSCULO ESQUELÉTICO** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | **MENTAL** | | | | |  |
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| **¿PADECE ALGUNA ENFERMEDAD O ALERGIA?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **SI** | | | | | | |  |  | | **NO** | | | | | | | |  | | | |  | **¿CUÁL?** | | | | | | | | | |  | | | | | | | | | | | |
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| **EN CASO DE SER MENOR DE EDAD (DE 15 A 17 AÑOS), FAVOR DE LLENAR LO SIGUIENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DEL TUTOR** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CURP** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **PARENTESCO** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **DIRECCIÓN** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **TELÉFONO** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **DATOS GENERALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿**HA SIDO CAPACITANDO DE ESTA INSTITUCIÓN?** | | | | | | | | | | | | | | | | | | | **SI** | | | | | | | | | | |  | | | | | | | | |  | **NO** | |  | | |
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| **CURSO** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **AÑO** | | | | |  | | | | |
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| **SERVICIO AL QUE DESEA INSCRIBIRSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURSO REGULAR** |  | | **CURSO DE CAPACITACIÓN ACELERADA ESPECÍFICA** | | | | | | | | | | | |  | | **CURSO DE EXTENSIÓN** | | | | | | | | |  | **ROCO** | | | | |  | | **EVALUACIÓN ESTÁNDARES DE COMPETENCIA LABORAL** | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURSO IMPARTIDO EN:** | | | | | | | | **PLANTEL ( ) EXTRAMURO ( ) AULA MÓVIL ( )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **NOMBRE** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HORARIO** | | | |  | | | | | |  | | | **GRUPO** |  | | | | | | | |  | | | **BECADO** | | | | | SI | | | | | | | |  | |  | NO |  | | |
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| **DOCUMENTACIÓN ENTREGADA (Deberá entregarse en original y copia para su cotejo)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTA DE NACIMIENTO** | | | | |  |  | **COMPROBANTE DE ESTUDIOS** | |  | |  | **IDENTIFICACIÓN OFICIAL** | | | | | |  | | |  | | | **CONSTANCIA**  **DE LA CURP** | | | | |  | | | | |  | | | **3 FOTOGRAFÍAS** | | | | | |  | |
| **COMPROBANTE DE CALIDAD MIGRATORIA CON LA QUE SE ENCUENTRA EN EL TERRITORIO NACIONAL** | | | | | | | | | | | | | | | |  | |  | |  | | | **COMPROBANTE DE DOMICILIO** | | | | |  | | | | |  | | | **CURP DEL TUTOR** | | | | | |  | | |

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| **DATOS LABORALES** | | | | | | | | | | | | | | | | | |
| **TRABAJA ACTUALMENTE SI\_\_\_\_ NO\_\_\_ Si su respuesta es No, Indicar la**  **Actividad Específica que desempeña**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **ACTIVIDAD ESPECÍFICA QUE DESEMPEÑA** | | | | | | | | | | | | | | | | | |
| PROFESIONAL | | |  | | |  | ARTESANOS | |  |  | TRABAJADORES AMBULANTES | | | | | | |
| TÉCNICO | | |  | | |  | OBREROS | |  |  | TRABAJADORES EN SERV. PÚBLICOS | | | | | | |
| TRABAJADOR DE LA EDUCACIÓN | | |  | | |  | OPERADORES DE MAQUINA FIJA | |  |  | TRABAJADORES DOMÉSTICOS | | | | | | |
| TRABAJADOR DEL ARTE | | |  | | |  | AYUDANTES Y SIMILARES | |  |  | PROTECCIÓN Y VIGILANCIA | | | | | | |
| FUNCIONARIOS Y DIRECTIVOS | | |  | | |  | OPERADORES DE TRANSPORTES | |  |  | ESTUDIANTE | | | | | | |
| TRABAJADOR AGROPECUARIO | | |  | | |  | OFICINISTAS | |  |  | AMA DE CASA | | | | | | |
| INSPECTOR Y SUPERVISOR | | |  | | |  | COMERCIANTES Y DEPENDIENTES | |  |  | NO TRABAJA | | | | | | |
| **EMPRESA DONDE TRABAJA** | | | |  | | | | | | | |  | | **PUESTO** | | |  |
|  | | | | | | | | | | | | | | | | | |
| **ANTIGÜEDAD** |  |  | | | **DIRECCIÓN** | | |  | | | | |  | | **TEL.** |  | |
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| **EXPERIENCIA LABORAL** | | SIN EXPERIENCIA( ) MENOS DE 1 AÑO( ) DE 1 A 2 AÑOS( ) DE 3 A 5 AÑOS( ) MÁS DE 5 AÑOS( ) | | | | | | | | | | | | | | | |

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| **DATOS PARA EL CENTRO DE CAPACITACIÓN** | | | | |
| **MEDIO POR EL QUE SE ENTERO DEL CURSO** | |  | **MOTIVO PARA CAPACITARSE** | |
|  | RADIO |  | PARA EMPLEARSE |
|  | PRENSA ESCRITA |  |  | PARA AUTOEMPLEARSE |
|  | TELEVISIÓN |  |  | POR ESTAR EN ESPERA DE INCORPORARSE A OTRA INSTITUCIÓN EDUCATIVA |
|  | CARRO SONORO (PERIFONEO) |  |  | POR DISPOSICIÓN DE TIEMPO LIBRE |
|  | FOLLETOS, TRÍPTICOS, CARTELES, VOLANTES |  |  | PARA MEJORAR SU SITUACIÓN LABORAL |
|  | AMIGOS O FAMILIARES  REDES SOCIALES  APP |  |  | ACTUALIZACIÓN DE CONOCIMIENTOS  PARA AHORRAR GASTOS AL INGRESO FAMILIAR  OTRO (Especifique):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | DIRECTOS (CONFERENCIAS, PLATICAS, CONCURSOS, ETC.) |  |  |  |
|  | OTRO (Especifique)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
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| **ÚNICAMENTE LLENAR EN CASO DE PERTENECER A ALGUNO DE LOS SIGUIENTES GRUPOS.** | |
| MUJERES JEFAS DE FAMILIA | ( ) |
| MUJERES EN SITUACIÓN DE VIOLENCIA | ( ) |
| ADOLESCENTES EN CONDICIONES DE CALLE (15 A 29 AÑOS) | ( ) |
| PERSONAS INDÍGENAS | ( ) |
| PERSONA ADULTA MAYOR (60 AÑOS O MÁS) | ( ) |
| COMUNIDAD LGBTTTI | ( ) |
| PERSONAS RECLUIDAS EN CENTROS DE REHABILITACIÓN SOCIAL (CERESO) | ( ) |
| PERSONAS CON CAPACIDADES DIFERENTES | ( ) |
| MENORES RECLUIDOS EN CENTROS DE READAPTACIÓN | ( ) |
| PERSONAS LIBERADAS DEL CENTRO DE REHABILITACIÓN SOCIAL (CERESO) | ( ) |

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| **EL SOLICITANTE SE COMPROMETE A CUMPLIR CON LAS NORMAS Y DISPOSICIONES DICTADAS POR LAS AUTORIDADES DE LA INSTITUCIÓN.** |

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|  | **NOMBRE Y FIRMA DEL SOLICITANTE** |  | **NOMBRE Y FIRMA DE LA PERSONA QUE RECIBE** |  |
|  |  |  |  |  |