**FORMATO DE SOLICITUD DE ALTA O BAJA DE USUARIO PARA EL SISTEMA PADRÓN NOMINAL**

Fecha: 18/07/2024 Condición: Alta Baja: X Ratificación

Señor(a)

**Director General de la Oficina General de Tecnologías de la Información - MINSA**

Asunto: SOLICITUD DE ALTA O BAJA DE USUARIO PARA EL SISTEMA PADRÓN NOMINAL

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|  | Datos Personales: | | |  | | |  | |  | |  | | |  | | | | |
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|  | Apellidos y Nombres: | | HINOSTROZA ARROYO FRANCISCO ROGER | | |  | |  | |  | | |  | | | | |
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|  | DNI | | 19951842 | | |  | |  | |  | | |  | | | | |
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|  | Teléfono o Celular | | 996020006 | | |  | |  | |  | | |  | | | | |
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|  | Correo electrónico | | FRHINOSTROZAA@GMAIL.COM | | |  | |  | |  | | |  | | | | |
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|  | Cargo | | EQUIPO TECNICO DE ESTADISTICA | | |  | |  | |  | | |  | | | | |
|  |  | |  | | |  | |  | |  | | |  | | | | |
|  | Departamento | | DIRESA JUNIN | | |  | |  | |  | | |  | | | | |
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|  | Provincia | |  | | |  | |  | |  | | |  | | | | |
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|  | Distrito | |  | | |  | |  | |  | | |  | | | | |
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|  | PERFIL: Registrador Consultor | |  | | |  | |  | |  | | |  | | | | |
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|  | | | Sello y Firma del Funcionario Responsable | | | | | | | | | | | |  | | | | | |
|  | | |  | |  | | |  | |  | | |  | | |  | | | | | |
|  | | | Nombre y Apellido: ME. Christian Dany Matamoros Vera | | | | |  | |  | | |  | | |  | | | | | |
|  | | | Cargo: DIRECTOR REGIONAL DE SALUD JUNÍN | | |  | | | | | |  | | | | |  | | |  | | |  | | |
|  | | | DNI: 46700127 | |  | | |  | |  | | |  | | |  | | | | | |

Leyenda:

Alta: Personal encargada de actualización de los datos en el Padrón Nominal.

Baja: Personal que ya no se encarga de actualización de los datos del Padrón Nominal.