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| RECIBO DE INSCRIPCION  CENTROS DE EDUCACION FISICA (CEF) - PLANTAS DE CAMPAMENTOS EDUCATIVOS (PCE)  Y ANALISTA AUXILIAR TECNICO DOCENTE (AATD)  LEGAJO Nº: ……………………………………..  ………………………………….., ……… de ………………………. De 20…….-  En la fecha se recibe la Solicitud de Inscripción de…………………………………………………………………………………..…………….. con …………… fojas, según detalle a continuación:   |  |  |  |  | | --- | --- | --- | --- | |  | DOCUMENTACION | | Cantidad de Fojas | | 1 | Recibo de Inscripción | |  | | 2 | Solicitud de Inscripción CEF y PCE | |  | | 3 | Solicitud de Inscripción AATD | |  | | 4 | Titulo | |  | | 5 | Otros Títulos | |  | | 6 | Documento Nacional de Identidad | |  | | 7 | Constancias de Servicio | |  | | 8 | Hojas de Calificación Anual | |  | | 9 | Cursos, Becas, Estudios | |  | | 10 | Encuentros, Campamentos, Colonias | |  | | 11 | Congresos, Seminarios | |  | | 12 | Otros | |  | |  | | Total de fojas |  |   Se Inscribió en:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | CENTRO DE EDUCACION FISICA Nº |  |  | Y |  | | PLANTA DE CAMPAMENTOS EDUCATIVOS Nº |  |  | Y |  | | CARGO DE AATD |  |  |  |  |   Establecimiento donde presentó la Inscripción: ……………………………………..………………………...……………..   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Firma del Agente |  | Sello de la Institución |  | Firma del Receptor | |  |  |  |  |  | |  |  |  |  |  | | Aclaración de Firma Agente |  |  |  | Aclaración de Firma Receptor | |

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| Espacio Exclusivo para la Junta de Clasificación de Educación Física |
| Observaciones: |