**UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO**

FACULTAD, ESCUELA, INSTITUTO O DEPENDENCIA ADMINISTRATIVA

**Datos Personales**

**y**

**“Currículo Vitae”**

ENVIAR

3

FOTOGRAFIAS

NOMBRE Y APELLIDOS COMPLETOS

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| 1. **DATOS PERSONALES** | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE  (APELLIDO PATERNO) (MATERNO) NOMBRE(S) | | | | | | | | | | | | | | | | | | | | | | | | | |
| LUGAR DE NACIMIENTO  POBLACIÓN ESTADO PAIS | | | | | | | | | | | | | | | FECHA DE NACIMIENTO | | | | | | | | | | |
| NACIONALIDAD | | | | | | | | | | | | | | | SEXO  MAS FEM | | | | | | | | | | |
| DIRECCIÓN PARTICULAR  CALLE Y NÚMERO COLONIA CÓDIGO POSTAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECCION DE SU OFICINA | | | | | | | | | | | | EDAD PESO ESTATURA | | | | | | | | | | | | | |
| ESTADO CIVIL | | | | | TELÉFONO(S) | | | | | | | | | | | | | | | | | | | | |
| NÚMERO DE CÉDULA PROFESIONAL | | | | | REGISTRO FEDERAL DE CONTRIBUYENTES | | | | | | | | NÚMERO DE REGISTRO DEL ISSSTE | | | | | | | | | | | | |
| 1. **ESCOLARIDAD** | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE DE LA ESCUELA | | | | | UBICACION | | | | | | | | NÚM DE AÑOS | | | | | | DE | | | | A | | |
| PRIMARIA | | | | |  | | | | | | | |  | | | | | |  | | | |  | | |
| SECUNDARIA | | | | |  | | | | | | | |  | | | | | |  | | | |  | | |
| PREPARATORIA | | | | |  | | | | | | | |  | | | | | |  | | | |  | | |
| PROFESIONAL | | | | |  | | | | | | | |  | | | | | |  | | | |  | | |
| EXAMEN PROFESIONAL DE | | | | |  | | | | | | | | FECHA DE EXAMEN  DIA MES AÑO | | | | | | | | | | | | |
| OTROS TITULOS O GRADOS ACADEMICOS | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIQUE LOS IDIOMAS QUE CONOZCA Y MARQUE CON UNA CRUZ EL GRADO DE DOMINIO | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDIOMAS | | CONOCIMIENTOS ELEMENTALES | | | TRADUCE | | | | TRADUCE Y ESCRIBE | | | | TRADUCE Y HABLA | | | | | | | | TRADUCE, HABLA Y ESCRIBE | | | | |
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| **INDIQUE LAS FUNCIONES DE INVESTIGACIÓN, DOCENCIA O ADMINISTRATIVAS QUE DESEMPEÑE ACTUALMENTE DENTRO DE LA UNIVERSIDAD** | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADSCRIPCIÓN | | | | | | CATEGORÍA Y FUNCIONES | | | | | | | HORAS SEMANALES | | | | | | | | SUELDO MENSUAL | | | | |
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| **INDIQUE EN ORDEN CRONOLOGICO LAS PUBLICACIONES, INVESTIGACIONES O TRADUCCIONES QUE HAYA REALIZADO** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **TÍTULO** | | | **FECHA DE PUBLICACIÓN** | | | | **NOMBRE DE LA EDITOIRIAL O REVISTA** | | | **NÚMERO** | | | | | **VOLÚMENES** | | | | | | **NÚMERO DE PÁGINAS** | | |
| **A) OBRAS** | | | | | | | | | | | | | | | | | | | | | | | |
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| **B) INVESTIGACIONES** | | |  | | | |  | | |  | | | | |  | | | | | |  | | |
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| **C) TRADUCCIONES** | | | | | | | | | | | | | | | | | | | | | | | |
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| **D) TRABAJOS EN PREPARACION** | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. CONFERENCIAS O CURSOS QUE HAYA IMPARTIDO EN EL PAIS O EN EL EXTRANJERO** | | | | | | | | | | | | | | | | | | | | | | | |
| **A) CONFERENCIAS SOBRE** | | INSTITUCIÓN | | | | | | | LUGAR | | | | | | | | FECHA | | | | | | |
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| **B) CURSOS SOBRE** | |  | | | | | | |  | | | | | | | |  | | | | | | |
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| **6. DISTINCIONES CIENTÍFICAS QUE LE HAN SIDO OTORGADAS** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. ASOCIACIONES CIENTIFICAS A QUE PERTENECE** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. INDIQUE EN ORDEN CRONOLÓGICO LAS FUNCIONES DE INVESTIGACIÓN, DOCENCIA O ADMINISTRATIVAS QUE HAYA O ESTÉ DESEMPEÑANDO FUERA DE LA UNIVERSIDAD** | | | | | | | | | | | | | | | | | | | | | | | | |
| **INSTITUCIÓN** | | | | | | **PUESTO Y FUNCIONES** | | | | | | | | **NÚM. DE AÑOS** | | | | | | **DE** | | | | **A** |
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| **9. DATOS FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE | | | | | | VIVE  (EDAD) | DOMICILIO | | | | | | | | | | OCUPACIÓN | | | | | | | |
| PADRE | | | | | |  |  | | | | | | | | | |  | | | | | | | |
| MADRE | | | | | |  |  | | | | | | | | | |  | | | | | | | |
| ESPOSA (O) | | | | | |  |  | | | | | | | | | |  | | | | | | | |
| PERSONAS QUE DEPENDEN ECONÓMICAMENTE DE USTED HIJOS OTROS | | | | | | | | | | | | | | | | | | | | | | | | |
| Cd. Universitaria, D.F., a de de 20  ANEXOS Fotostáticas del Título y Cédula Profesional  FIRMA DEL INTERESADO | | | | | | | | | | | | | | | | | | | | | | | | |

JJMC/ugg/vrsg/jcm 2017

**DEPARTAMENTO DE PERSONAL ACADEMICO**

# AREA CLINICA

**FAVOR DE ANOTAR LOS SIGUIENTES DATOS PARA ACTUALIZAR SU EXPEDIENTE**

**Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Calle y Número:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Colonia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegación:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Código Postal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono Particular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Celular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono Oficina \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teléfono Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extensión\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correo Electrónico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FAVOR DE ANOTAR EL NOMBRE DE SUS BENEFICIARIOS**

**Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Nacimiento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tanto por Ciento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Domicilio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Nacimiento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tanto por Ciento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Domicilio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parentesco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Nacimiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tanto por Ciento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Domicilio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**