| **APELLIDOS:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **NOMBRE:** | | | | | | | | | | | | | | | | | | | | | | | |
| **DNI:** | | | | | | **FECHA DE NACIMIENTO (dd mm aaaa):** | | | | | | | | |  |  |  |  | | | | | |
| **DIRECCION PARTICULAR:** | | | | | | | | | | | | | | | | | | | | | | | |
| **CIUDAD:** | | | | | | | | | | | **DISTRITO POSTAL:** | | | | | **TELÉFONO:** | | | | | | | |
| **FORMACIÓN ACADÉMICA** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **LICENCIATURA/INGENIERIA** | | | | | | |  | **CENTRO** | | | | | | | | | |  | **FECHA** | | |  |
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|  | **DOCTORADO** | | | | | | |  |  | | | | | | | | | |  |  |  |  |  |
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| **SITUACIÓN PROFESIONAL ACTUAL Y FECHA DE INICIO:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **ORGANISMO:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **CENTRO/FACULTAD/ESCUELA/INSTITUTO:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **DEPT./SECC./UNIDAD ESTR.:** | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECCIÓN POSTAL:** | | | | | | | | | | | | | | | | | | | | | | | |
| **TELÉFONO (indicar extensión):** | | | | | | | | | | | | | | | **FAX:** | | | | | | | | |
| **CORREO ELECTRÓNICO:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **SITUACION LABORAL** | | | | | **CONTRATO:** | | | | |  | | **OTRAS SITUACIONES:** | | | | | | | | | | | |
| **PLANTILLA:** | | | | |  | | **DEDICACIÓN:** | | **a) A TIEMPO COMPLETO** | | | |  | | | | | |
| **INTERINO/A:** | | | | |  | | **b) A TIEMPO PARCIAL** | | | |  | | | | | |
| **BECARIO/A:** | | | | |  | |  | |  | | | |  | | | | | |
| **ACTIVIDADES ANTERIORES DE CARÁCTER CIENTÍFICO O PROFESIONAL** | | | | | | | | | | | | | | | | | | | | | | | |
| **FECHA** | | | **PUESTO** | | | | | | | | | | **INSTITUCIÓN** | | | | | | | | | | |
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| **FECHA DE CUMPLIMENTACIÓN (dd mm aaaa)** | | | | | | | | | | | | |  | | | | | | | | | | |
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| **FIRMA** | | | | | | | | | | | | |  | | | | | | | | | | |

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| **Nombre:** |
| **CURSOS DE POSTGRADUADO RELEVANTES PARA LA INVESTIGACIÓN CLÍNICA/BIOMÉDICA p.e. cursos de Buenas Prácticas Clínicas** *(lugar y fecha):* |
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| **Nombre:** |
| EXPERIENCIA PROFESIONAL PREVIA *(indicar categoría, Servicio y Hospital)* |
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| **Nombre:** |
| **EXPERIENCIA EN INVESTIGACIÓN LIMITADA A LOS 10 AÑOS** *(estudios clínicos / proyectos de investigación financiados y fuente de financiación en los que ha participado y en calidad de qué, )* |
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| **Nombre:** |
| **OTROS MÉRITOS RELACIONADOS CON LA CUALIFICACIÓN PROFESIONAL:** |
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| **Nombre:** |
| **PUBLICACIONES RELEVANTES** *(limitada a los últimos 10 años, señalar las relacionadas con la investigación clínica / biomédica)* |
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