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|  | | **Logo amarillo** | | | | | | | | | | | | | FIB 2017CURRÍCULUM NORMALIZADO PROGRAMA INTENSIFICACIÓN | | | | | | | | | | | | | | | | | |
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| **APELLIDOS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| **Nombre:** | | | | | | |
| **SELECCIÓN DE PUBLICACIONES EN LOS ULTIMOS SEIS AÑOS POR ORDEN CRONOLÓGICO**  (Reseñar sólo las publicadas)  (No incluir resúmenes de comunicaciones ni ponencias a Congresos) | | | | | | |
| **AUTORES (por orden de firma):**  **TITULO:**  **REVISTA:** | | | | | | |
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| **Nombre:** | | | | | | |
| **PROYECTOS DE INVESTIGACIÓN**  (Relación de proyectos de investigación en desarrollo o finalizados en los que haya participado en los últimos 6 años, financiados por agencias públicas o privadas. Señale brevemente los objetivos principales del proyecto y su papel en el mismo: Investigador/a principal, colaborador/a, etc.) | | | | | | |
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| **Nombre:** | | | | | | |
| **PATENTES Y MODELOS DE UTILIDAD**  (que estén en explotación) | | | | | | |
| **AUTORES (por orden de firma):**  **TITULO:**  **Nº REGISTRO: FECHA DE PRIORIDAD:**  **ENTIDAD TITULAR:**  **PAISES:** | | | | | | |
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| **CONTRIBUCIONES DE LA ACTIVIDAD INVESTIGADORA EN RELACIÓN AL DESARROLLO CLÍNICO,** ASISTENCIAL Y / O DESARROLLO TECNOLÓGICO DEL SNS | | | | | | |
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