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| INSTANCIA | N° ACTA | TOTAL PÁGINAS |
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| LUGAR | | | FECHA | | | HORARIO | | | |
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| RESPONSABLE DE LA ELABORACIÓN DEL ACTA | | | | | | | | | |
| NOMBRE COMPLETO | | | | CARGO | | | | FIRMA | |
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| VERIFICACIÓN DE ASISTENCIA | | | | | | | | | |
| ASISTENTES | | | | | AUSENTES | | | | |
| NOMBRE | | | | JUSTIFICACIÓN |
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| PROPÓSITO |  | | | | | | | | |
| ORDEN DEL DÍA | 1. Saludo 2. Verificación de asistencia 3. Lectura y aprobación de acta anterior 4. AGREGAR LOS NUMERALES NECESARIOS 5. Varios y propuestas 6. Evaluación | | | | | | | | |
| DESARROLLO | | | | | | | | | |
| ESPECIFICAR UNO A UNO LOS PUNTOS DESARROLLADOS | | | | | | | | | |
| COMPROMISOS | | | | | | | | | |
| ASUNTO | | RESPONSABLE | | | | | FECHA | | |
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