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| **Nº DE LA PLAZA** |  | CATEGORÍA | PPL | **FECHA CONVOCATORIA BOA** |  |
| DEPARTAMENTO |  | | | | |
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|  | **PUNTUACIÓN PRIMERA PRUEBA** | | | | | | | | | |
| Apellidos y nombre | Adaptar este apartado a los criterios aprobados y publicados por la comisión de selección | | | | | | | | | **Total primera prueba** |
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###### En\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_

El Presidente/a o Secretario/a de la Comisión

(tachar lo que no proceda)

[[1]](#footnote-1)Fdo.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. La firma se realizará preferentemente de forma electrónica

   Añádanse más hojas si son necesarias, numerándolas.

   Acompañar al acta correspondiente [↑](#footnote-ref-1)