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| **REGISTRO DE ASISTENCIA DE BENEFICIARIOS** | | | | | | | | |
| **ACTIVIDAD DESARROLLADA:** | | | | | | | | |
| **FECHA:** | | | **LUGAR:** | | | | | |
| **ENTIDAD BENEFICIARIA:** | | | | | | | | |
| **No** | **NOMBRE Y APELLIDOS** | **CÉDULA** | | **TELÉFONO** | | **CORREO ELECTRÓNICO** | **OCUPACIÓN** | **FIRMA** |
| **1** |  |  | |  | |  |  |  |
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| **16** |  |  | |  | |  |  |  |
| **Supervisado por** (ISTMAS):  f……………………………………… | | | | | **Revisado por:** (Entidad Beneficiaria)  f……………………… | | | |