**INFORME MENSUAL**

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| ***REPORTE No. :*** | | ***3*** | | | | | ***DE PRÁCTICA PROFESIONAL.*** | | | | | | | | | | | | | | |  | | |  | | |
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| ***NOMBRE DEL ALUMNO:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **No. DE CONTROL:** | | |  | | | | | | | | | | **GRUPO Y TURNO** | | | | |  | | | ***ESPECIALIDAD:*** | | | | |  | | | | | |
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| ***PERIODO DEL*** | | ***02 DE MAYO*** | | | | | | | | | | ***DEL 2023 AL*** | | | | ***31 DE MAYO*** | | | | | | | | | | | | | ***DEL 2023*** | | |
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| ***HORARIO DE ACTIVIDADES DE:*** | | | | | | | |  | | | | | | ***HRS. A LAS*** | | | | |  | | | | | | | | | ***HRS.*** | | | |
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| ***NOMBRE DE LA EMPRESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***NOMBRE DEL GERENTE:*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***DEPARTAMENTO DONDE REALIZA LA PRACTICA:*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| ***DOMICILIO DE LA EMRPESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ACTIVIDADES REALIZADAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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FIRMA DEL PRACTICANTE FIRMA Y SELLO DE LA EMPRESA JEFE ESPECIALIDAD CBTIS 43

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**C. CONSTANZA NORA NIEBLAS ROMÁN**

**ENCARGADA DE OFICINA PRÁCTICA PROFESIONAL**

**FECHA DE RECEPCIÓN DEL INFORME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**