**ANEXO N° 2**

**FICHA DE POSTULACION**

**1.- Datos Personales**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apellido Paterno** | | **Apellido Materno** | | | | | | **Nombres** | | | | | **Edad** |
|  | |  | | | | | |  | | | | |  |
| **DNI** | **R.U.C.** | | | | | **Régimen Pensionario** | | | | | | | |
|  |  | | | | | **ONP ( ) HABITAT ( ) INTEGRA ( ) PRIMA ( ) PROFUTURO ( )** | | | | | | | |
| **Fecha Nacimiento** | **Distrito** | | | | **Provincia** | | | | **Departamento** | | | **Nacionalidad** | |
|  |  | | | |  | | | |  | | |  | |
| **Domicilio Actual. Jr. Calle. Av.** | | | | **N°.** | | | **Int.** | **Urbanización** | | | **Distrito** | | |
|  | | | |  | | |  |  | | |  | | |
| **Teléfono Fijo** | | | **Celular** | | | | | | | **Correo electrónico** | | | |
|  | | |  | | | | | | |  | | | |

**2.- Estado Civil**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Soltero/a |  | Casado/a |  | Viudo/a |  | Divorciado/a |  | Conviviente |  |

3.- Datos del Cónyuge

|  |  |  |  |
| --- | --- | --- | --- |
| **Apellidos** | **Nombres** | **Fecha Nacimiento** | **Lugar Nacimiento** |
|  |  |  |  |
| **Instrucción** | **Profesión** | **Ocupación** | **Centro de Trabajo** |
|  |  |  |  |

**4.- Datos Referentes a los Padres e Hijos**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apellidos y Nombres | Parentesco | Fecha de Nacimiento | | | Ocupación | Estado  Civil | Vive | |
| Día | Mes | Año | SI | NO |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**5.- Datos de Estudios**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Educación Primaria | | Educación Secundaria | | | Educación Técnica | | | |
| Incompleta ( )  Completa ( ) | | Incompleta ( )  Completa ( ) | | | Incompleta ( )  Completa ( ) | | | |
| Superior | Carrera o Profesión | | Facultad | | | **Universidad** | Año | |
| Incompleta ( )  Completa ( ) |  | |  | | |  |  | |
| Post-Grado (especialización) | | Año | | Otros Estudios con Certificación | | | | Año |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
|  | |  | |  | | | |  |
| Maestría | | Año | | Colegiatura | | | | **Año** |
|  | |  | |  | | | |  |

**6.- Otros**

|  |  |
| --- | --- |
| **Persona con Discapacidad** | **Licenciado de las Fuerzas Armadas** |
| **SI ( ) NO( )** | **SI ( ) NO ( )** |

**Lima, ……….. de ……………. del 2018**

**……………………………………..**

**Firma**

**Nombres y Apellidos: ……………………………………………………..**