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| Expediente No. |  |

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| Nombre del alumno(a): | | | | | | | YOLLOXOCHITL TEHOZOL VARGAS | | | | | | | | |
| Facultad: | | CIENCIAS DE LA SALUD | | | | | | | | | | | | | |
| Fecha de nacimiento: | | | | | | 13 DE ENERO DE 1988 | | | | | | | | | |
| Estado civil: | | | SOLTERA | | | | | | | | | | | | |
| Domicilio particular: | | | | | AV. TLAXCALA No. 30 – A | | | | | | Tel: | | 2464971120 | | |
| Población: | TEPEYANCO | | | | | | | Municipio: | | TEPEYANCO | | | | Estado: | TLAXCALA |
| Licenciatura: | | | | MÉDICO CIRUJANO | | | | | | | | | | | |
| Semestre que cursa: | | | | | 6º. año | | | | Número de matrícula: | | | 20052390 | | | |

Dependencia o institución donde realiza su servicio social:

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| Domicilio: | U.M.F No. 7 ZACATELCO, TLAXCALA | | | | | | | Tel: |  |
| Sector al que pertenece el lugar de prestación: | | | | | | | SECTOR SALUD IMSS | | |
| Programa: | | PRIMER NIVEL DE ATENCIÓN | | | | | | | |
| Área a que pertenece el programa: | | | | | | PRIMER NIVEL DE ATENCIÓN | | | |
| Horario de: | |  | a |  |

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| Tlaxcala, Tlax., a | 7 | de | JULIO | de | 2010 |

Firma del alumno

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Original y copia para el coordinador o responsable del Servicio Social de la Facultad Académica

Copia para el alumno