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| **Hoja de vida del Investigador** |

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| Nombre |  |

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| Título de Pregrado |  |

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| **Vinculación con el proyecto** | **Investigador Principal:** |  |

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| **Asesor Metodológico:** |  | **Co-Investigador:** |  | **Director de proyecto:** |  |

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| **Asesor Temático:** |  | **Estudiante Postgrado:** |  | **Estudiante Pregrado:** |  |

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| **Hoja de vida del Investigador** |

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| **Asesor Temático:** |  | **Estudiante Postgrado:** |  | **Estudiante Pregrado:** |  |

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| **Hoja de vida del Investigador** |

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| **Asesor Metodológico:** |  | **Co-Investigador:** |  | **Director de proyecto:** |  |

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| **Asesor Temático:** |  | **Estudiante Postgrado:** |  | **Estudiante Pregrado:** |  |

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| Nombre del Investigador  Principal o Director del Proyecto: |  |

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| Teléfono: |  | e-mail: |  |

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| **Escuela o facultad a la que pertenece el proyecto** | | | | | * **Bacteriología** |  | |
|  | | | | | | |
| * **Ciencias Básicas** |  | * **Enfermería** | |  | * **Medicina** |  | |
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| * **Odontología** |  | * **Rehabilitación humana** | |  | * **Salud Pública** |  | |
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| * **Otra Facultad** |  | **Cual:** |  | | | |

**Para uso del Comité:**

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| Fecha de recibo: |  | Nº de Protocolo: |  |  |  |