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| **FACULTAD DE CIENCIAS EXACTAS Y NATURALES** | | | | | | | | | | | | | | | | | | |
| **SOLICITUD DE PAGO DE SEGURO POR ACCIDENTES PERSONALES** | | | | | | | | | | | | | | | | | | |
| **Fecha:** ## / ## / #### | | | | | | | | | | | | | | | | | |
| **Unidad Requiriente:** (Departamento Docente, Maestría, Secretaría, Etc.) | | | | | | | | | | | | | | | |  | | |
| **Línea Presupuestaria y Fuente de Financiamiento:**  Ejemplo 1: Departamento de ## - Fuente 11 (Tesoro Nacional).  Ejemplo 2: Carrera de Especialización en ## - Fuente 12 (Recursos Propios). | | | | | | | | | | | | | | | | | | |
| **Póliza Nación Seguros** | | | | | | | | | | | | | | | | | |
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|  | | | | Responsable de la Unidad Requiriente | |  | |  | |  | |  | | |  |  |  |  |  |  |  |
|  | | | | (firma y sello) | |  | |  | |  | |  | | |  |  |  |  |  |  |  |