

## FE DE ERRATAS

### PROCESO DE CONVOCATORIA CAS TEMPORAL N° 02-2023-GRP-UNIDAD EJECUTORA GOBIERNO REGIONAL DE PIURA.

#### PROCESO DE CONVOCATORIA CAS TEMPORAL N° 02-2023-GRP-UNIDAD EJECUTORA

➤ **DICE:**

#### FORMACION ACADEMICA

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B) Grado(s)/Situación académica y carrera/especialidad requeridos |                                     |          | C) Colegiatura                    |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
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| <table border="0"> <tr> <td></td> <td>Incompleta</td> <td>Completa</td> </tr> <tr> <td><input type="checkbox"/> Primaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Secundaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Técnica Básica (1 o 2 años)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Técnica Superior (3 a 4 años)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Universitaria</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                                                                   | Incompleta                          | Completa | <input type="checkbox"/> Primaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Secundaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Técnica Básica (1 o 2 años) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Técnica Superior (3 a 4 años) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Universitaria | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Egresado <input type="checkbox"/> Bachiller <input checked="" type="checkbox"/> Título/Licenciatura<br><br><input type="checkbox"/> Egresado <input type="checkbox"/> Bachiller <input checked="" type="checkbox"/> Título/Licenciatura<br><br>INGENIERO QUIMICO<br><br><input checked="" type="checkbox"/> Maestría <input type="checkbox"/> Egresado <input checked="" type="checkbox"/> Grado<br><br><input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado<br><br><input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado | Si <input checked="" type="checkbox"/> No <input type="checkbox"/><br><br><b>D) Habilitación Profesional</b><br>Si <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incompleta                                                        | Completa                            |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                          | <input type="checkbox"/>            |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                          | <input type="checkbox"/>            |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
| <input type="checkbox"/> Técnica Básica (1 o 2 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                          | <input type="checkbox"/>            |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
| <input type="checkbox"/> Técnica Superior (3 a 4 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                          | <input type="checkbox"/>            |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Universitaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                          | <input checked="" type="checkbox"/> |          |                                   |                          |                          |                                     |                          |                          |                                                      |                          |                          |                                                        |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |

Referencia: Página 35 (Puesto: ESPECIALISTA QUIMICA/DREM-GRP-13)

**DEBE DECIR:**

#### FORMACION ACADEMICA

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                           | B) Grado(s)/Situación académica y carrera/especialidad requeridos |                          |          | C) Colegiatura                    |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |
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| <table border="0"> <tr> <td></td> <td>Incompleta</td> <td>Completa</td> </tr> <tr> <td><input type="checkbox"/> Primaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Secundaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                                                   | Incompleta               | Completa | <input type="checkbox"/> Primaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Secundaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Egresado <input type="checkbox"/> Bachiller <input checked="" type="checkbox"/> Título/Licenciatura<br><br><input type="checkbox"/> Egresado <input type="checkbox"/> Bachiller <input checked="" type="checkbox"/> Título/Licenciatura<br><br>INGENIERO QUIMICO<br><br><input checked="" type="checkbox"/> Maestría <input type="checkbox"/> Egresado <input type="checkbox"/> Grado<br><br><input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado | Si <input checked="" type="checkbox"/> No <input type="checkbox"/><br><br><b>D) Habilitación Profesional</b><br>Si <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                              | Incompleta                                                        | Completa                 |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |
| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                          | <input type="checkbox"/> |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                          | <input type="checkbox"/> |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |

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| <input type="checkbox"/> Técnica Básica<br>(1 o 2 años)   | <input type="checkbox"/> | <input type="checkbox"/>            | MAESTRIA<br>EN CURSO O<br>CON<br>ESTUDIOS<br>CULMINADOS.                                            |
| <input type="checkbox"/> Técnica Superior<br>(3 a 4 años) | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                     |
| <input checked="" type="checkbox"/> Universitaria         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                     |
|                                                           |                          |                                     | <input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado |
|                                                           |                          |                                     | <input type="text"/>                                                                                |

Referencia: Página 35 (Puesto: ESPECIALISTA QUIMICA/DREM-GRP-13)

➤ **DICE:**

**FORMACION ACADEMICA**

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B) Grado(s)/Situación académica y carrera/especialidad requeridos |                                     | C) Colegiatura |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Incompleta                                                        | Completa                            |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                          | <input type="checkbox"/>            |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                          | <input type="checkbox"/>            |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
| <input type="checkbox"/> Técnica Básica<br>(1 o 2 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                          | <input type="checkbox"/>            |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
| <input type="checkbox"/> Técnica Superior<br>(3 a 4 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                          | <input type="checkbox"/>            |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Universitaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                          | <input checked="" type="checkbox"/> |                |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                          |                                                   |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                    |

➤ Referencia: Página 71 (Puesto: ESPECIALISTA EN PROCESO DE SELECCIÓN/OASA-GRP-26)

**DEBE DECIR:**

**FORMACION ACADEMICA**

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                           | B) Grado(s)/Situación académica y carrera/especialidad requeridos |                          | C) Colegiatura |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                              | Incompleta                                                        | Completa                 |                |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |
| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                          | <input type="checkbox"/> |                |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                          | <input type="checkbox"/> |                |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                              |

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| <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/>            | DE<br>PREFERENCIA<br>MAESTRIA EN<br>CURSO O<br>CON<br>ESTUDIOS<br>CULMINADOS.                       |
| Técnica Básica<br>(1 o 2 años)                    |                          |                                     |                                                                                                     |
| <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                     |
| Técnica Superior<br>(3 a 4 años)                  |                          |                                     | <input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado |
| <input checked="" type="checkbox"/> Universitaria |                          | <input checked="" type="checkbox"/> |                                                                                                     |

➤ Referencia: Página 71 (Puesto: ESPECIALISTA EN PROCESO DE SELECCIÓN/OASA-GRP-26)

➤ **DICE:**

**FORMACION ACADEMICA**

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B) Grado(s)/Situación académica y carrera/especialidad requeridos | C) Colegiatura                                                     |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
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| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Técnica Básica<br>(1 o 2 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Técnica Superior<br>(3 a 4 años)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                          | <input checked="" type="checkbox"/>                                |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Universitaria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Egresado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Bachiller                                | <input type="checkbox"/> Titulo/Licenciatura                       |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| ADMINISTRADOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                    |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Maestría                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Egresado                                 | <input type="checkbox"/> Grado                                     |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                    |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
| <input type="checkbox"/> Doctorado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Egresado                                 | <input type="checkbox"/> Grado                                     |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                    |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   | <b>D) Habilitación Profesional</b>                                 |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   | Si <input type="checkbox"/> No <input checked="" type="checkbox"/> |          |                                   |                          |                          |                                     |                          |                          |                                                         |                          |                          |                                                           |                          |                                     |                                        |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                    |                                              |               |  |  |                                   |                                   |                                |  |  |  |                                    |                                   |                                |  |  |  |                                                                    |

➤ Referencia: Página 84 (Puesto: AUXILIAR ADMINISTRATIVO/ORDA-GRP-31)

**DEBE DECIR:**

**FORMACION ACADEMICA**

| A) Nivel Educativo                                                                                                                                                                                                                                                                                                                           | B) Grado(s)/Situación académica y carrera/especialidad requeridos | C) Colegiatura                                                     |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|----------|-----------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------|-----------------------------------------|--|--|-----------------------------------|-----------------------------------|--------------------------------|--------------------------------------------------------------------|
| <table border="1"> <tr> <td></td> <td>Incompleta</td> <td>Completa</td> </tr> <tr> <td><input type="checkbox"/> Primaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Secundaria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                                                   | Incompleta                                                         | Completa | <input type="checkbox"/> Primaria | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Secundaria | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <tr> <td><input checked="" type="checkbox"/> Egresado</td> <td><input checked="" type="checkbox"/> Bachiller</td> <td><input checked="" type="checkbox"/> Titulo/Licenciatura</td> </tr> <tr> <td colspan="3">ADMINISTRACION, CONTABILIDAD Y/O AFINES</td> </tr> <tr> <td><input type="checkbox"/> Maestría</td> <td><input type="checkbox"/> Egresado</td> <td><input type="checkbox"/> Grado</td> </tr> </table> | <input checked="" type="checkbox"/> Egresado | <input checked="" type="checkbox"/> Bachiller | <input checked="" type="checkbox"/> Titulo/Licenciatura | ADMINISTRACION, CONTABILIDAD Y/O AFINES |  |  | <input type="checkbox"/> Maestría | <input type="checkbox"/> Egresado | <input type="checkbox"/> Grado | Si <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                              | Incompleta                                                        | Completa                                                           |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
| <input type="checkbox"/> Primaria                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
| <input type="checkbox"/> Secundaria                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                          | <input type="checkbox"/>                                           |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
| <input checked="" type="checkbox"/> Egresado                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Bachiller                     | <input checked="" type="checkbox"/> Titulo/Licenciatura            |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
| ADMINISTRACION, CONTABILIDAD Y/O AFINES                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                    |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
| <input type="checkbox"/> Maestría                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Egresado                                 | <input type="checkbox"/> Grado                                     |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                              |                                                                   | <b>D) Habilitación Profesional</b>                                 |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                                              |                                                                   | Si <input type="checkbox"/> No <input checked="" type="checkbox"/> |          |                                   |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                               |                                                         |                                         |  |  |                                   |                                   |                                |                                                                    |

|                                                                      |                          |                                     |                                                                                                     |
|----------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Técnica Básica<br>(1 o 2 años)              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="text"/>                                                                                |
| <input checked="" type="checkbox"/> Técnica Superior<br>(3 a 4 años) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Doctorado <input type="checkbox"/> Egresado <input type="checkbox"/> Grado |
| <input checked="" type="checkbox"/> Universitaria                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="text"/>                                                                                |

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