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| **ADUNTREF** | **FICHA DE AFILIACION** |

La/el que suscribe, solicita a la Comisión Directiva de ADUNTREF su afiliación y autoriza a la Universidad Nacional de Tres de Febrero a realizar el descuento por cuota sindical, correspondiente al 1% (uno por ciento) ​de lo que percibe mensualmente en concepto de remuneración en calidad de docente de dicha institución.

**DATOS DEL AFILIADO**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apellido/s: | | |  | | | | | |
| Nombre/s: | | | Marin | | | | | |
| Tipo y Nº de Documento de identidad: | | | | |  | | | |
| CUIL: | *27* | | | | | | |
| Nacionalidad: | | | |  | | Fecha de Nacimiento: | 2 | |
| Profesión: | |  | | | | | | |

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| **DOMICILIO** | | | | | | | | | | |
| Calle: | 5 | | N° |  | Piso: |  | | | Dpto: |  |
| Localidad: | |  | | | | | C. P. |  | | |
| Provincia: | |  | | | | | | | | |

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| **CONTACTO** (Colocar prefijo interurbano dentro del paréntesis) | | | | |
| Teléfono: |  | | Celular: |  |
| Dirección Electrónica: | |  | | |

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| **DATOS LABORALES**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | CARRERA | DEPARTAMENTO | CARGO | N° LEGAJO | FECHA INGRESO | |  |  |  |  |  | | Ges |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| **DECLARACION JURADA DEL GRUPO FAMILIAR A CARGO**   |  |  |  |  | | --- | --- | --- | --- | | SEXO | | FECHA DE NACIMIENTO | APELLIDO Y NOMBRE | | Cónyuge |  |  |  | | Hija/o |  |  |  | | Hija/o |  |  |  | | Hija/o |  |  |  | | Hija/o |  |  |  | | Hija/o |  |  |  | |

**Firma:**....................................................**Aclaración:** **Fecha:**