



Apellidos

Nombre

Fecha 8/13/24

Firma 4 PLAZAS ADMINISTRATIVO  
CONCURSO - OPOSICIÓN

(Por favor, al firmar no sobrepase la zona sombreada)

**Tipos de acceso**

Libre  Promoción interna  Discapacitado

**D.N.I.**

Ejemplo D.N.I. 2589031

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Consiento expresamente en la corrección de esta prueba, por medios manuales o mecánicos, y en la incorporación de sus resultados a un fichero automatizado, con los requisitos establecidos en la Ley Orgánica 15/99 de protección de datos, y me doy por enterado de mi derecho a acceder a la información contenida en el mismo, rectificaria o cancelarla en lo que me afecte.

**MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO**

11) <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D ANULAR <input type="checkbox"/>	31) <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D ANULAR <input type="checkbox"/>	51) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D ANULAR <input type="checkbox"/>	71) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D ANULAR <input type="checkbox"/>	91) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D ANULAR <input type="checkbox"/>
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**PREGUNTAS RESERVA**

1)  B  C  D  
ANULAR

2)  A  B  C  D  
ANULAR

3)  B  C  D  
ANULAR

4)  A  B  C  D  
ANULAR

5)  A  B  C  D  
ANULAR

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