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| **Solicitud** | | | | | | | | | | | | Expediente nº | | | |  | |  | |  | | | | | | | | | |
| NIF/Pasaporte/Tarjeta Residencia | | | | | | | | | | | | APELLIDOS y NOMBRE | | | | | | | | | | | | | | | | | |
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| Población | | | | | | | | | | | | | | PROVINCIA | | | | | | | | | | | |  | |  | Código postal |
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| Teléfono | | | | | | | | Correo electrónico | | | | | | | | | | | | | | | | | | | | | |
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| Nacionalidad: | | | | | | | | | | | | | | | | |  | |  | |  | Sexo: | Mujer | | Hombre | | | | |
| Titulación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Año de nacimiento (*aaaa)*: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Servicio: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grupo de Investigación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director del Grupo de Investigación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duración intensificación: meses al 50% X XX meses al 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Año de obtención del doctorado: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Proyectos de Investigación **activos**:  **Título:**  **Financiación**:  **Código:**  **Duración**:  **Investigador principal y Centro promotor**:  **Centros participantes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Firma (original) del solicitante de la Intensificación  Jefe del Servicio del HUG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |