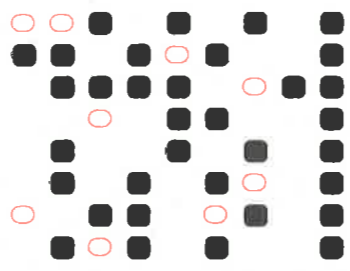


Separe CUIDADOSAMENTE el original por esta línea de corte



DATOS PERSONALES

APELLIDOS

NOMBRE

CUERPO / ESCALA

EJERCICIO

OPCIÓN

FECHA DE EXAMEN

ACCESO

- LIBRE
- PROMOCIÓN INTERNA
- DISCAPACIDAD



• Observe el ejemplo para cumplimentar su D.N.I.



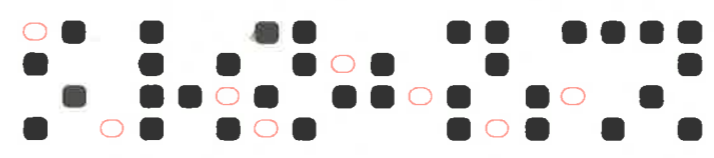
D.N.I.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Consiento expresamente la corrección de esta prueba, por medios manuales o mecánicos, y el tratamiento de sus resultados, de acuerdo a la normativa vigente en materia de protección de datos. Asimismo, me doy por enterado/a de mis derechos de acceso, rectificación, cancelación, portabilidad, impresión, limitación del tratamiento y oposición.

FIRMA

(No sobrepase la zona sombreada)

(Por favor, no firme este ejercicio ni consigne ningún otro dato).



TIPO DE EXAMEN

1 2

RESPUESTAS

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RESERVA

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