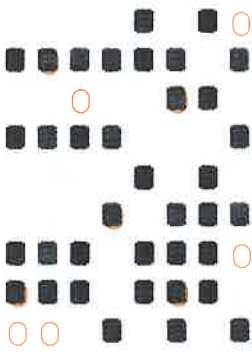




No firme este ejercicio ni consigne ningún otro dato



PRUEBA ADMINISTRATIVO
BACTANAS



Apellidos

Nombre

Fecha 18/09/19

Firma PLANTILLA

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

Tipos de acceso

Libre Promoción interna Discapacitado

D.N.I.

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Ejemplo D.N.I.

2589031

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9	9	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.

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PREGUNTAS RESERVA

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