Reunión

Capacitación

 **ANEXO 3. LISTA DE ASISTENCIA DEL COMITÉ DE CONTRALORÍA SOCIAL 2018**

 **CICLO ESCOLAR 2017-2018**

Sede de la reunión:

Nombre del Programa: S243 Programa Nacional de Becas-Beca de Manutención

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 DÍA MES AÑO

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| # | **Nombre completo** | **correo electrónico**  | **IPES** | **Cargo dentro del Comité**  | **Estado y municipio**  | **firma**  |
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| **#** | **Nombre completo** | **correo electrónico** | **IPES** | **Cargo dentro del Comité** | **Estado y municipio** | **firma** |
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