



BIENESTAR FAMILIAR

PROCESO PROMOCION Y PREVENCIÓN
FORMATO REGISTRO ASISTENCIA MENSUAL

F8-M012-PP
Versión 5

2018/05/29
Página 1 de 1

Clasificación de la información:
Pública

ENTIDAD ADMINISTRATIVA DEL SERVIDOR: **Tendón de María Serraf**
Nº: **9001263477** - NÚMERO DE CONTRATO
MES: **MARZO** - AÑO: **2013**
LICITACIÓN DE ATENCIÓN: **Tradicional**
SERVIDOR DE ATENCIÓN: **Comunitaria**

IDENTIFICACIÓN
Región: **Bolívar** Centro Zonal
Nombre Agente Educativo (b): **Ana I Pérez** Municipio: **Caripend** Hora: **6**
Código CLIENTE UDS: **130100106094** CC: **22-783622**
Dirección UDS: **Usta Hermana Kira 6004 30-5** Nombre Unidad de Servicio: **Divino Niño** Teléfono UDS:
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COORDINADORA EA: **Ana Isabel Pérez**
RESPONSABLE DE GRUPO: **Ana Isabel Pérez**