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|  | **F-1** |  |  |  |
| Inscripción N° |  | /2021 |
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| **SOLICITUD DE INGRESO** | |
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| Carrera: |  |
|  | |
| Orientación: |  |
|  | |
| Sede: |  |

**INFORMACIÓN PERSONAL DEL ASPIRANTE**

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| Apellido/s: | | |  | | | | | | | | | | Nombre/s: | | |  | | | | | | | | | | | | | | | |
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| C.U.I.L.: | |  | | | | | | | | | D.N.I. N° | | |  | | | | | Nacido el: | | | |  | | | | | | Edad: | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexo: |  | | | | | | Nacionalidad: | |  | | | | | | Lugar de nacimiento: | | | | |  | | | | | | | | | | | |
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| Estado civil: | | | |  | | | | | | | | Cantidad de hijos/as | | | | |  | | | Grupo sanguíneo | | | | | | | |  | | | |
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| Domicilio: | | |  | | | | | | | | | | | | | | | | | Barrio: | | | | |  | | | | | | |
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| Localidad: | | |  | | | | | | | Departamento: | | | | |  | | | | | | | Provincia: | | | |  | | | | | |
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| Teléfono fijo: | | | |  | | | | Celular: | | | |  | | | | | | Empresa Cel.: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correo electrónico: | | | | | |  | | | | | | | | | | | | Estatura: | | | | |  | | | Peso: | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ocupación actual: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Estuvo incorporado anteriormente a las fuerzas armadas o fuerzas de seguridad? | | | | | | | | | | | | | | | | | |  | | | Grado alcanzado: | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la fuerza a la que estuvo incorporado: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Fecha de baja: | | | | |  | | | Motivo de baja: | | | | |  | | | | | | | | | | | | | | | | | | |

**INFORMACION DE ESTUDIOS DE NIVEL SECUNDARIO**

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| Completo: | |  | Cursando el último año: | |  | Incompleto con asignaturas pendientes (1): | | |  |
|  | | | | | | | | | |
| (1) Informe asignaturas que adeuda: | | | |  | | | | | |
|  | | | | | | | | | |
| **Título**: |  | | | | | | Año de egreso: |  | |
|  | | | | | | | | | |
| **Institución que otorgo/ara el título**: | | | |  | | | | | |
|  | | | | | | | | | |
| Ciudad y Provincia de la Institución: | | | |  | | | | | |

**INFORMACIÓN DE ESTUDIOS DE NIVEL SUPERIOR**

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|  | | | | |
| **Título**: |  | | Año de egreso: |  |
|  | | | | |
| **Institución que otorgo el título**: | |  | | |
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**INFORMACION DE CÓNYUGE**

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| Nombre completo: |  | | | | | D.N.I. |  |
|  | | | | | | | |
| Fecha de nacimiento: | |  | Ocupación: |  | Teléfono: | |  |

**INFORMACION DE LOS PADRES**

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| Padre Apellido y Nombre: | |  | | | | D.N.I. |  |
|  | | | | | | | |
| Fecha de nacimiento: |  | | Ocupación: |  | Teléfono: | |  |
|  | | | | | | | |
| Madre Apellido y Nombre: | |  | | | | D.N.I. |  |
|  | | | | | | | |
| Fecha de nacimiento: |  | | Ocupación: |  | Teléfono: | |  |

--------------: DECLARO BAJO JURAMENTO QUE LOS DATOS CONSIGNADOS EN ESTE FORMULARIO SON CORRECTOS Y COMPLETOS SIN OMITIR NI FALSEAR DATO ALGUNO QUE DEBA CONTENER, SIENDO ­EL EXPRESIÓN DE LA VERDAD. ASIMISMO MANIFIESTO CONOCER Y ACEPTAR LOS REQUISITOS Y CONDICIONES GENERALES DE INGRESO.------------------------

Firma del postulante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aclaración \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDIOS DE COMUNICACIÓN**

Por encontrarse la Provincia y el Mundo en situación de pandemia por COVID19 (corona virus). Los medios de comunicación Online cumplen el principal rol de aprendizaje por lo que resulta preciso conocer con los medios que cuenta.

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| **En su hogar tiene acceso a internet** | | SÍ: | |  | | NO: | |  | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Indique si en su hogar posee** | PC de escritorio: | | | | | |  | Notebook : | | | |  | Netbook: | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Determine la calidad de su señal de internet** | | | | | Muy buena: | | | | | | |  | Buena : | | | |  | Regular: | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Tiene experiencia de formación académica en modalidad virtual?** | | | | | | | | | | | | | | SÍ: | | |  | NO: | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Cuenta con teléfono móvil con acceso a:** | | | whatsapp: | | | | | |  | | Internet: | | | |  | Redes sociales: | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **En la ciudad donde reside cuenta con señal/servicio de internet WIFI de acceso libre** | | | | | | | | | | | | | | | | | | SÍ: |  | NO: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| En caso de no contar con algún medio especificado anteriormente **¿Cómo accedería a la información? y ¿cómo participaría de las clases virtuales?** | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **F-3** |  |  |  |
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| Lugar y fecha |  |

SEÑOR RECTOR

INSTITUTO SUPERIOR DE SEGURIDAD PÚBLICA

SU DESPACHO:

Por la presente autorizo al INSITUTO SUPERIOR DE SEGURIDAD PUBLICA (I.S.S.P.) a requerir toda información existente en mi PRONTUARIO POLICIAL (obrante en la División de Antecedentes Personales de la Policía de la Provincia de Jujuy), demás bases de datos de información, de conformidad al Art. 51 del Código Penal y la Ley Provincial N° 5.348 de la creación del Instituto de Seguridad, que considere necesario y conveniente para formalizar los trámites de mi incorporación como alumno y sucesivamente durante la permanencia en la institución en el caso de ser incorporado.

En consecuencia detallo a continuación mis datos personales y de mis padres:

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| * **Datos del aspirante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Apellido/s: | | | | |  | | | | | | | | | | | | | Nombre/s: | | |  | | | | | | | | | | | |
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| C.U.I.L.: | | |  | | | - |  | | | | | | | - |  | D.N.I. N° | | | |  | | | | | Nacido el: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexo: |  | | | | | | | | | Lugar de nacimiento: | | | | | | |  | | | | | | | | | Nacionalidad: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edad: | | años | | | | | | Domicilio: | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Barrio: | |  | | | | | | | | | | | Localidad: | | | | |  | | | | | | Departamento: | | | |  | | | | |
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| Provincia: | | | |  | | | | | | | Legajo Policial N° | | | | | |  | | | | | | Grupo sanguíneo: | | | |  | | Factor : | | Rh | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **Datos de los padres** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hijo de (*padre*) Apellido/s: | | | | | | | | |  | | | | | | | | | | Nombre/s: | | |  | | | | | | | | ¿Vive? | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y de (*madre*) Apellido/s: | | | | | | | | |  | | | | | | | | | | Nombre/s: | | |  | | | | | | | | ¿Vive? | |  |

Atentamente.

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aclaración: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.N.I. N°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_