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| brand | SOLICITUD PARA LA INCORPORACIÓN DE ESTUDIANTES AL SEGURO FACULTATIVO DEL RÉGIMEN DEL SEGURO SOCIAL | | |  |  | |
|  |  | |
|  | | |  | F O L I O | |
| DATOS DEL PLANTEL EDUCATIVO | |  | PARA USO EXCLUSIVO DEL I.M.S.S. | | |
|  | |  |  | | |
| NOMBRE: \_\_**FACULTAD DE ARTES**\_ | |  | REGISTRO I.M.S.S. DEL PLANTEL: D1599034322\_\_\_\_ | | |
| CLAVE: \_\_\_\_\_ | |  | NUMERO DE AFILIACIÓN DEL ESTUDIANTE | | |
| NIVEL EDUCATIVO:\_\_LICENCIATURA\_\_ | |  | NUMERO DE UNIDAD DE MEDICINA FAMILIAR\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| DATOS DEL ESTUDIANTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A) NOMBRE : | | **APELLIDO** | | | | | | | | **APELLIDO** | | | | | | | | | | | | | **NOMBRE(S)** | | | | | |
|  | | APELLIDO PATERNO | | | | | |  | | MATERNO | | | | | | | | | | | | | NOMBRES | | | | | |
| B) SEXO | |  | | 1) MASCULINO | | | | | |  | | 2) FEMENINO | | | | | | | | | | |  | |  | | | ( ) |
| C) FECHA DE NACIMIENTO | | | | | **00/00/1900** | | | | | **FECHA DE INGRESO** | | | | | | | | | | | |  | | | | | **T. T. 2** | |
|  | |  | | | DIA / MES / AÑO | | | | |  | | | | | | | | | | | | | | | | | | |
| D) LUGAR DE NACIMIENTO (ESTADO UNICAMENTE) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| E) C.U.R.P.: | | | **MAYUSCULAS/NEGRITAS** | | | | | | | | | |  | | | | | | | | | | | | | | | |
| F) DOMICILIO: | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | CALLE | | | | | | | NUMERO | | | | | | | | COLONIA | | | | | | | | CÓDIGO POSTAL | | | |
|  | |  | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | \_\_\_\_\_\_\_ | | | | | | | | |  | | |
|  | |  | |  | | MUNICIPIO | | | | | | | |  | | | | | ENTIDAD FEDERATIVA | | | | | | |  | | |
| G) NOMBRE DE LOS PADRES | | | | | |  | | | PADRE \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | | | MADRE \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| H) ¿ADEMÁS DE ESTUDIAR TRABAJA? | | | | | | | | | | | | 1) SI | | | | | | | | | | | 2) NO | |  | | | ( ) |
| I) ¿DE QUIEN DEPENDE ECONÓMICAMENTE? | | | | | | | 1) PADRES | | | | 2) CONYUGUE | | | | | | | 3) OTROS | | | | | | ESPECIFIQUE: \_\_\_\_\_\_\_ | | | | ( ) |
| J) ¿EN QUE TRABAJA LA PERSONA DE LA QUE DEPENDE ECONOMICAMENTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( ) |
|  | | 1) SERVIDOR PUBLICO | | | | | | |  | | | 5) MARINO O MILITAR | | | | | | | | | | | | | | | |  |
|  | | 2) EMPLEADO DE EMPRESA PARTICULAR | | | | | | | | | | 6) AGRICULTOR, GANADERO, CAMPESINO, PESCADOR | | | | | | | | | | | | | | | | |
|  | | 3) PROFESIÓN U OFICIO POR SU CUENTA | | | | | | | | | | 7) OBRERO | | | | | | | |  | | | | | |  | | |
|  | | 4) COMERCIANTE O INDUSTRIAL | | | | | | | | | | 8) OTROS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| K) ¿SE ENCUENTRA PROTEGIDO. YA SEA COMO TRABAJADOR O COMO BENEFICIARIO DE SUS PADRES O DE SU CONYUGUE, EN ALGUNA INSTITUCIÓN DE SEGURIDAD? | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( ) |
|  | |  | |  | |  | | |  | | | 1) SI | | | | |  | | | | | | 2) NO | |  | | |  |
| L) ¿QUE INSTITUCIÓN LE DA SERVICIOS MEDICOS? | | | | | | | | | | | | | | | | |  | | | | | |  | |  | | | ( ) |
|  | 1) SEGURO SOCIAL | | | | | | | | | | | 5) PEMEX | | | | | | | | | | | | | | | | |
|  | 2) I.S.S.S.T.E. | | | | | | | | | | | 6) INSTITUTO NACIONAL DE CREDITO (BANCOS) | | | | | | | | | | | | | | | | |
|  | 3) SECRETARIA DE MARINA | | | | | | | | | | | 7) OTRA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  | 4) SECRETARIA DE LA DEFENSA NACIONAL | | | | | | | | | | | ESPECIFIQUE | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| BAJO PROTESTA DE DECIR VERDAD DECLARO QUE LOS DATOS AQUÍ ASENTADOS SON CIERTOS FIRMA DEL ESTUDIANTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| PLANTEL EDUCATIVO |  | I.M.S.S. DELEGACIONAL |
| SE CERTIFICA QUE EL SOLICITANTE ES ESTUDIANTE DEL PLANTEL |  |  |
| SELLO |  | SELLO |
|  |
| NOMBRE Y FIRMA DEL RESPONSABLE |  |  |