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| **CONTRALORÍA SOCIAL EN EL SERVICIO NACIONAL DE EMPLEO** | | | | | | | | | | | | | | | | | | **CS-01** | | | | |
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| **PROGRAMA / SUBPROGRAMA** | | | | | | | | | | | | | | | | | | | | | | |
| **PAE** | | **Intermediación**  **Laboral** | | **Movilidad Laboral para**  **Jornaleros Agrícolas** | | | | | | | | | **Capacitación para**  **la Empleabilidad** | | | | | | | | | |
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| **Nombre**  **Servicio/Curso y Modalidad/Iniciativa** | | | | | **No. Único Acción** | | | | | | **Fecha**  **Inicio** | | | | **Fecha Término** | | | | | | **No. Inscritos** | |
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| **Acciones de Contraloría Social** | | | **Duración de la Plática** | | | | |  | | | | **Colocación**  **del Cartel** | | | | | **Entrega de Folletos** | | | | | |
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| **No.** | **Nombre** | | | | | **Plática de Contraloría Social** | | | | | | | | **Constancia de Participación/1** | | | | | | | | |
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| **No.** | **Nombre** | **Plática de Contraloría Social** | | **Constancia de Participación/1** | | |
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| **Nombre de la persona que impartió la plática de Contraloría Social** | | | | | **Firma** | |
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| **Nombre del personal de la OSNE que asistió y verificó la entrega de constancias a los beneficiarios.** | | | | | **Firma** | |
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| /1 Aplica para las acciones de Capacitación del Subprograma Capacitación para la Empleabilidad. | | | | | | |