|  |  |  |  |
| --- | --- | --- | --- |
| NOMBRE: |  | TURNO: |  |
| ESPECIALIDAD: |  | TELEFONO: |  |
| NUM. DE CONTROL: |  | GENERACIÓN: |  |

INFORME BIMESTRAL DE ACTIVIDADES

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATOS GENERALES | | | | | | | | | | | |
| INSTITUCION: | |  | | | | | | | | | |
| ASESOR DEL SERVICIO SOCAL: | | | | | |  | | | | | |
| CARGO: |  | | | | | | | | | | |
| PERIODO A REPORTAR DEL SERVICIO SOCIAL: | | | | | | | | | 1º DE MARZO DE 2023 AL 31 DE AGOSTO DE 2023 | | |
| REPORTE No. | | | 1 | 2 | 3 | | FINAL | 4 hrs. Diarias | | Lunes a Viernes | 20hrs. Semana |
|  |  |  | |  |
| HORARIO: |  | | | | | | | | HORAS A REPORTAR: |  | |

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| --- |
| **ACTIVIDADES DESARROLLADAS** |
|  |

**SELLO**

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**NOMBRE Y FIRMA DEL ASESOR DEL SERVICIO SOCIAL**