**SECRETARÍA DE EDUCACIÓN DE VERACRUZ**
**SUBSECRETARÍA DE EDUCACIÓN MEDIA SUPERIOR Y SUPERIOR**

VERACRUZ GOBIERNO DEL ESTADO

SEV Secretaría de Educación

COBAEV VERACRUZ

**COLEGIO DE BACHILLERES DEL ESTADO DE VERACRUZ**
ORGANISMO PÚBLICO DESCENTRALIZADO

# NOMBRE DEL BENEFICIARIO: **INSCRIPCIÓN**

PERIODO DE BECA

PLANTEL

| No. | PLANTEL | NOMBRE DEL BECARIO (A) | | | CURP | FECHA DE NACIMIENTO | | | RFC | MATRÍCULA | SEMESTRE | EDAD | SEXO | TURNO | DOMICILIO | COLONIA | CÓDIGO POSTAL | LADA | TELÉFONO | CORREO ELECTRÓNICO |
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| | | PATERNO | MATERNO | NOMBRE (S) | | MES | DÍA | AÑO | | | | | | | | | | | | |
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