**ANEXOS 6 – NOMINA DE BENEFICIARIOS (PERSONAS CON DISCAPACIDAD)**

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| **N°** | **Nombre Completo** | **Cédula de identidad** | **Fecha de nacimiento** | **Domicilio particular** | **Puntaje FPS** | **Número de credencial de discapacidad** | **Ayuda técnica requerida** |
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