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|  | **ANEXO II-B** | | | | | | | | |
|  | **EQUIPO INVESTIGADOR DEL AGENTE SOLICITANTE**  Ayudas a Proyectos de Investigación y Desarrollo en Salud  Departamento de Salud del Gobierno Vasco. Convocatoria 2024 | | | | | | | | |
|  | **Título del Proyecto/Acción** | | |  | | | |  |
|  | **Agente solicitante** | | |  | | | |  |
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|  | **Nombre** (IP en primera fila) | **Apellido 1º** | **Apellido 2º** | | **DNI** (con letra y sin espacio ni signo) | **Centro de trabajo (OSI, Universidad, Instituto, otros…)** | **Puesto de trabajo** |  |
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|  | **Firma Investigador(a) Principal** | | | | | | |  |
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