



**Guía Técnica de Servicios Complementarios del Tecnológico Nacional de México**

**Servicios Complementarios**

**xxxxxxxxxxxxxxxx**

**M00- sc -xx**

**Dirección de xxxxxxxxxxxxxxxxx**

VALIDACIÓN DEL SERVICIO COMPLEMENTARIO

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|  | Servicio Complementario: **xxxxxxxxxxxx.**  |  |
|  |  | Código: **M00-SC-XX**  |  |

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|  | Elaboró |  |  |  | Revisó |  |
|  |  |  |  |  |  |  |
|  | XXXXXXXXCoordinado (a) de XXXXXX |  |  |  | XXXXXXXDirector (a) de XXXXXXXXX.  |  |
|  |  |  |  |  |  |  |
|  |  |  | Autorizó |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | XXXXXXXXXXXXXSecretario (a) de XXXXXXXXX. |  |  |  |

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|  | Fecha de Documentación: |  | XXXXXXX |
|  | Número de Revisión: |  | XXXX |

PRESENTACIÓN DEL SERVICIO COMPLEMENTARIO

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|  | Servicio Complementario: **XXXXXXXXXXXXXXX**  |  |
|  |  | Código: **M00-SC-0XXX** |  |

**Objetivo(s):**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Glosario:**

* **XXXXXXXXXXXXXXXXXXXXXXXXX**
* **XXXXXXXXXXXXXXXXXXXXXXXXX**
* **XXXXXXXXXXXXXXXXXXXXXXXXX**

**Marco Normativo:**

* **XXXXXXXXXXXXXXXXXXXXXXXXX**
* **XXXXXXXXXXXXXXXXXXXXXXXXX**
* **XXXXXXXXXXXXXXXXXXXXXXXXX**

**Alcance:**

* **XXXXXXXXXXXXXXXXXXXXXXXXX**

**Responsabilidades:**

* **XXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

**Referencias:**

* **XXXXXXXXXXXXXXXXXXXXXXXXX**
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DIAGRAMA DE BLOQUES

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|  | Servicio Complementario: **XXXXXXXXXXXXXXXXXXX.** |  |
|  |  | Código: **M00-SC-0X** |  |
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DESCRIPCIÓN DE ACTIVIDADES

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|  | Servicio Complementario: **XXXXXXXXXXXXXXXXXXXXXXX.** |  |
|  |  | Código: **M00-SC-0X**  |  |
| ETAPA | ACTIVIDAD | PUESTO DE ESTRUCTURA RESPONSABLE |
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| Tiempo aproximado de ejecución**:**  | XXXXXXXXXXXXXXXXXXXXXXXX |

ANEXOS

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|  | Servicio Complementario: **XXXXXXXXXXXXXXXXX.** |  |
|  |  | Código: **M00-SC-0X**  |  |

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| NOMBRE DEL DOCUMENTO | PROPÓSITO | CÓDIGO DEL DOCUMENTO |

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| XXXX | XXX | XXX |

REGISTROS

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|  | Servicio Complementario: **XXXXXXXXXXXXX.**  |  |
|  |  | Código: **M00-SC-0X**  |  |

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| DOCUMENTOS DE TRABAJO | TIEMPO DE CONSERVACIÓN | RESPONSABLE DE CONSERVAR | CÓDIGO DE REGISTRO  |
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HISTORIAL DE CAMBIOS

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|  | Servicio Complementario: **XXXXXXXXXXXXXX.**  |  |
|  |  | Código: **M00-SC-0X**  |  |
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| REVISIÓN N° | FECHA DE APROBACIÓN | DESCRIPCIÓN DEL CAMBIO | MOTIVO(S) |
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