**COMPROMISO DE CONTRATACIÓN DE LA ENTIDAD BENEFICIARIA.**

**AYUDAS PARA LA FORMACIÓN DE PERSONAL INVESTIGADOR EN CENTROS**

**PÚBLICOS DE INVESTIGACIÓN Y EN EMPRESAS, PARA EL AÑO 2022.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA ENTIDAD BENEFICIARIA** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Denominación de la entidad beneficiaria:** | | | | | | | | | | | |  | | | | | | | | |  | | | |
| **NIF de la entidad beneficiaria:** | | | | | | | | | | | |  | | | | | | | | |  | | | |
| **Representante legal de la entidad:** | | | | | | | | | | | | | | | | | | | | | | | | |
| NIF□ NIE | | | |  | | | | | Número de documento | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre: | |  | | | | 1º Apellido: | | | | |  | | | | | | 2º Apellido: | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio: |  | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Provincia: | |  | | |  | C.P.: | |  | | | | |  | | Población: | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono: | |  |  | Teléfono móvil: | | | | | |  | | |  | Correo electrónico: | | | | |  | | |  | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Datos del centro receptor: Domicilio (Calle y nº)** |  | | | | | | |  | |  | | | | | | | | | | **Provincia: \*** |  |  | **C.P: \*** |  |  | **Población: \*** |  |  | |  | | | | | | | | |   **El correo electrónico designado será el medio por el que desea recibir el aviso de notificación y en su caso de pago.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |

**Notificación electrónica** (El solicitante está obligado a la comunicación por medios electrónicos. La notificación electrónica se realizará en la Plataforma <https://notifica.jccm.es/notifica>. Compruebe que está usted registrado y que sus datos son correctos).

|  |  |
| --- | --- |
| **INFORMACIÓN BÁSICA SOBRE PROTECCIÓN DE DATOS:** | |
| Responsable | Dirección General de Universidades, Investigación e Innovación. |
| Finalidad | Gestión de las convocatorias de ayudas y subvenciones. |
| Legitimación | 6.1.c) Cumplimiento de una obligación legal del Reglamento General de Protección de Datos; 6.1.e) Misión en interés público o ejercicio de poderes públicos del Reglamento General de Protección de Datos.  Datos de categoría especial: 9.2.g) el tratamiento es necesario por razones de un interés público esencial del Reglamento General de Protección de Datos.  Ley 14/2011, de 1 de junio, de la Ciencia, la Tecnología y la Innovación. Ley 38/2003, de 17 de noviembre, General de Subvenciones. Decreto Legislativo 1/2002, de 19 de noviembre de 2002, por el que se  aprueba el Texto Refundido de la Ley de Hacienda de Castilla-La Mancha |
| Destinatarios | Existe cesión de datos. |
| Origen de los datos | El propio interesado o su representante legal, Administraciones Públicas |
| Categoría de los datos | NIF/DNI, nombre y apellidos, dirección, teléfono, firma, firma electrónica, correo electrónico. Otros datos tipificados: características personales, académicos y profesionales; detalles del empleo; económicos, financieros y de seguros. grado de discapacidad |
| Derechos | Puede ejercer los derechos de acceso, rectificación o supresión de sus datos, así como otros derechos, tal y como se explica en la información adicional. |
| Información adicional | Disponible en la dirección electrónica: https://rat.castillalamancha.es/info/1052 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | DATOS RELATIVOS A LA INVESTIGACIÓN | | Actividad a desarrollar en la entidad colaboradora (denominación y descripción de la misma):    Importancia de la contratación para el desarrollo de la actividad en la entidad:    Denominación del puesto de trabajo:    Tipo de contrato: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | DATOS BANCARIOS DE LA ENTIDAD COLABORADORA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Nombre de la entidad bancaria\* | | | | | | | | | | | | | | | | | | | Dirección\* | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | Nombre completo del titular de la cuenta\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | Nº de cuenta IBAN\*  Ç | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | País | | C.C. | | | Entidad | | | | Sucursal | | | | D.C. | | | Cuenta | | | | | | | | | | |  | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | | | E S | | |  | |  | | | |  | | | |  | |  | | | | | | | | | | | |  | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | | | |  | | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | El abajo firmante, en nombre de la entidad beneficiaria indicada, da el visto bueno a la solicitud y se compromete a la contratación, según los términos señalados en este documento, para: | | | | | | | | | | NIE□ | | NIE | | Número de documento: | |  | | | |  | | | | | | | | | | Nombre: |  | | 1º Apellido: | |  | | 2º Apellido: |  | |
|  |

En       , a de de 20

Firma representante legal (DNI electrónico o certificado válido):