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

**AYUDAS PARA LA CONTRATACIÓN DE DOCTORES PARA EL AÑO 2022**

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| **DATOS DE LA ENTIDAD BENEFICIARIA** | | | | | | | | | | | | | | | | | | | | | |
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| **Denominación de la entidad beneficiaria:** | | | | | | | | | |  | | | | | | | | |  | | |
| **NIF de la entidad beneficiaria:** | | | | | | | | | |  | | | | | | | | |  | | |
| **Representante legal de la entidad:** | | | | | | | | | | | | | | | | | | | | | |
| NIF | | | NIE | | | | Número de documento | | | | | | |  | | | | | |  | |
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| Nombre: |  | | | | 1º Apellido: | | | |  | | | | | | 2º Apellido: | | |  | | |  |
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| Domicilio: |  | | | | | | | | | | | | | | | | | | | |  |
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| Provincia: |  | | |  | C.P.: |  | | | | |  | | Población: | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| Teléfono: |  |  | Teléfono móvil: | | | | |  | | |  | Correo electrónico: | | | | |  | | |  | |
| **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).

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| **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. |
| 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 |
| Destinatarios | Existe cesión de datos. |
| 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 |

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| **DATOS RELATIVOS A LA INVESTIGACIÓN** |
| **Actividad a desarrollar en la entidad beneficiaria** (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:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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En      , a       de       de 20

Firma representante legal (DNI electrónico o certificado válido):