**ANEXO No. 10**

**CONSOLIDADO DE EXPERIENCIA**

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| **INSTITUTO NACIONAL DE CANCEROLOGÍA** | | | | | | | | | | | | | |
| **ANEXO No. 10.** | | | | | | | | | | | | | |
| **REGISTRO DE EXPERIENCIA Y CUMPLIMIENTO** | | | | | | | | | | | | | |
| **MONTO Y TIEMPO CONTRATADO** | | | | | | | | | | | | | |
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| **Item** | **# Folio en la propuesta** | **Nombre de la entidad con quien contrató** | **Contrato No.** | **Dirección entidad.** | **Teléfono entidad.** | **Nombre del supervisor** | **Objeto** | **Valor contratado inicial** | **Adiciones** | **Valor final** | **Fecha inicio** | **Fecha terminación** | **Meses completos contratados** |
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