附件1

拟派人员推荐报名表

机构名称（盖章）：

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| **序号** | **姓  名** | **性别** | **出生年 月** | **文化**  **程度** | **专业** | **工作经历** | | **职称或者执业资格** | **取得资格时 间** | **联系电话** |
| **参加工作时间** | **到本机构时间** |
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| **报名项目：** | | | | | | | | | | |

负责人（签字）： 联系人： 联系电话：