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| 附件 | | | | | | | | |
| 报 名 表 | | | | | | | | |
|
| **姓 名** |  | **性 别** | |  | **出生年月** |  | | **1寸照** |
| **民 族** |  | **籍 贯** | |  | **出 生 地** |  | |
| **身份证**  **号码** |  | | | **联 系**  **电 话** |  | | |
| **入 党 时 间** |  | **参加工作时间** | |  | **健康状况** | 健康 | |
| **专业技**  **术职务** |  | | | **熟悉专业有何特长** |  | | |
| **学 历 学 位** | **全日制 教 育** |  | | **毕业院校系及专业** |  | | | |
| **在 职 教 育** |  | | **毕业院校系及专业** |  | | | |
| **担任社会职务** |  | | | | | | | |
| **工作**  **简历** | **起止时间** | | **所在单位** | | | | **工作部门及职位** | | |
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