附件3

成都市困难企业职工在岗培训项目学员花名册

 填表单位：　 填表日期： 　　年 　月 　 日

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| 序号 | 姓名 | 性别 | 年龄 | 身份证号 | 工作岗位 | 联系方式 | 培训时间 | 备注 |
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