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| 附件2 |  |  |  |  |  |  |  |  |  |
|  **成都市专业技术职称资格评审申报名册** |  |
| 填报单位（盖章）： 申报资格名称： 联系电话： 联系人： |  |
| **姓名** | **性别** | **身份证号码** | **工作单位** | **毕业学校时间、专业及学历（学位）** | **毕业证号** | **学位证号** | **现任资格及取得时间** | **现从事专业** | **拟申报任职资格** |
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