报 名 回 执

推荐单位（盖章）：

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| **序号** | **姓名** | **性别** | **民族** | **单位和职务** | **电话（手机）** | **备注** |
| 1 |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |
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填表人： 联系电话：