附件1

专业技术人员继续教育证书信息录入表

工作单位（盖章）： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 |  | | 2寸免冠  证件照 |
| 身份证号 |  | | | | | |
| 行政职务 |  | | | 技术职务 |  | |
| 参加工作时间 | |  | | | | |
| 现从事专业 | |  | | | | | |
| 工作单位 | |  | | | | | |
| 现有专业技术职务情况 | | | | | | | |
| 职 务 | | | 批准日期 | | | 批准文号 | |
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注：日期格式:××××年××月××日