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| 附件2滁州市教学研究室公开选调教研员报名表填表日期:     年   月   日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |   | 性别 |   | 民族 |   | 参加工作时间 |   | 照 片 |
| 出生年月 |   | 身份证号码 |   |
| 毕业学校及专业 |   | 毕业时间 |   |
| 教龄 |   | 学历 |   | 学位 |   |
| 专业技术职务 |   | 全日制学历 |   | 现任职务 |   |
| 工作单位 |   | 全额拨款事业单位身份 | 是 否 | 报考岗位 |   |
| 家庭住址 |   | 联系电话 |   |
| 工作简历 |   |
| 奖惩情况和近三年年度考核情   况 |   |
| 现工作单位意见 | （盖 章）     年   月   日 |
| 选调单位资格审查意   见 |   签 字    （盖 章）     年   月   日 |
| 市教育体育局意  见 |       签 字    （盖 章）     年   月   日 |
| 备 注 |   |
|   |   |   |   |   |   |   |   |   |   |   |

本人承诺所有材料属实，如有虚假，取消报名资格。本人签名：                   |