**技能提升行动培训考核单位报名汇总表**

单位（盖章） 年 月 日

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| **序号** | **姓名** | **性别** | **政治面貌** | **身份证** | **单位名称** | **联系方式** | **原从事工种** | **现培训工种** | **备注** |
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