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| 附件： | |  |  |  |  |  |
| 劳动关系从业人员职业技能培训报名表 | | | | | | |
| 单位名称（盖章）： | | | | | | |
| 序号 | 职工姓名 | 性别 | 身份证号码 | 单位职务 | 联系电话 | 备注 |
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| 单位联系人： | |  |  | 联系电话： |  |  |