附件4

抚顺市高校毕业生专业转换及技能提升培训学员开班花名册

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| 机构名称：（盖章） | | |  | 培训专业： | | 培训班级： | | 总人数： | |  | |
| 序号 | 姓名 | 性别 | 出生日期 | 民族 | 毕业院校 | 所学专业 | 户口所在地 | | 身份证号码 | | 联系电话 |
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| 注：1、本表在学员现场审核前，机构自行填写。  2、审核通过后，确认最终版花名册。 | | | | | | | | | | | |