附件1：

**新疆维吾尔自治区专业技术人员**

**继续教育、岗位培训登记表**

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| **姓　　名** | |  | | **性别** |  | | **族别** | |  | | **照片** | |
| **出生年月** | |  | | **文化**  **程度** |  | | **政治**  **面貌** | |  | |
| **申报职称** | | |  | **参加工作时间** | | | |  | | |
| **从事专业时间** | | |  | **专 业 名 称** | | | |  | | |
| **工 作 单 位** | | |  | | | | | | | | | |
| **成　　绩　　记　　录** | | | | | | | | | | | | |
| **科　　　　目** | | | | | | **课　时** | | | | **成　绩** | | **备　注** |
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| **承 办**  **培 训**  **单 位**  **意 见** | **2020年 月 日（盖章）** | | | | | | | | | | | |
| **本 单**  **位 人**  **事 部**  **门 意**  **见** | **负责人签名：　　　　　　　2020年 月 日（盖章）** | | | | | | | | | | | |
| **主 管**  **部 门**  **意 见** | **2020年　　月　　日（盖章）** | | | | | | | | | | | |

备注：此表由个人填写，并正、反面打印报送。