附件6

专业技术人员职称管理办事机构工作人员花名册（模板）

填报单位：（盖章）

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| **姓名** | **身份证号** | **学历** | **政治 面 貌** | **科 室**  **名 称** | **职务/ 职称** | **办公/手机** | **电子邮箱** | **在编/借调/聘用** |
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