附件2

**襄阳市监理从业人员培训（2023年）**

**申 报 汇 总 表**

**申报单位（盖章）：** 申报日期：

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| --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **身份证号** | **岗位** | **申报专业** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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