附件3

骨干培养对象推荐汇总表

区教育局/市教育局局属学校（盖章）： 填表人： 联系方式：

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| 序号 | 单位全称 | 申报类型 | 姓名 | 性别 | 出生年月 | 年龄（岁） | 最高  学历 | 教龄  （工龄） | 现任职称  级别 | 职称名称 | 继续教育号 | 手机号 |
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