附件3：

公开遴选县疾控中心工作人员报名汇总表

填报单位：（盖章） 2021年 月 日

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| **姓 名** | **现工作单位及职务** | **性别** | **出生****年月** | **入党****时间** | **参加工****作时间** | **毕业院校及专业** | **学历****学位** | **专技****职称** | **职称取得时间** | **执业资格类别** | **编制性质** | **报名岗位代码** | **备注** |
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