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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