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| 伊犁州卫计委公开考试选调干部报名表   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 姓名 |  | 出生年月  （   岁） |  |  | | 入党时间 |  | 性别 |  | | 参加工作时间 |  | 族别 |  | | 单位及职务 |  | | | | 编制类别 |  | 联系方式 |  | | | 报考岗位 |  | | | | | 近三年考核情况 |  | | | | | 本人意见 | 签字   年  月  日 | | | | | 单位党委（党组）意见 | 签字           （盖章）    年  月  日 | | | | | 县（市）组织人事部门意见 | 签字          （盖章）    年  月  日 | | | | |
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