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| 伊犁州卫计委公开考试选调干部报名表

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| --- | --- | --- | --- | --- |
| 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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