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| 附件2 | |  |  |  |  |
| **2023年度通信专业技术人员继续教育报名汇总表** | | | | | |
| 填报单位：（盖章） 填报日期： 年 月 日 | | | | | |
| 序号 | 姓名 | 性别 | 工作单位 | 身份证号 | 继续教育证书管理号 |
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| 联系人： 联系电话： | | | | | |