衢州市职业创业培训、技能鉴定（考核）名册

培训机构（盖章）： 填报时间：

联系人： 联系电话：

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| 序号 | 姓 名 | 性别 | 文化  程度 | 毕业院校及  专业 | 毕业  时间 | 身份证号码 | 户籍所在地或  工作单位 | 培训考核  工种等级 | 证书  编号 | 联系电话 |
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备注：本表一式三份（上报二份，申请人留存一份）