附件2

2024年消毒员培训班报名表（五级）

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| 序 号 | 身份证号码 | 姓 名 | 性 别 | 联系电话 | 学 历 | 单位名称 | 申报 级别 | 所在区县 | 专业年限 | 工龄 |
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单位：（盖章）

填表说明：申报级别为：五级/初级工