附件2

2021年市卫生健康委统战工作培训报名表

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| 姓名 | 性别 | 出生  年月 | 政治面貌 | 学历  学位 | 工作单位及职务 | 职称 | 其他主要社会职务 | 手机号码 | 备注  （新推荐政协委员/分管领导） |
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