附件2

**推荐单位报名汇总表**

单位：（盖章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **姓名** | **性别** | **出生年月** | **政治面貌** | **职务或岗位** |
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推荐单位联系人: 联系方式：