附件3

在岗职工职业技能提升培训报名花名册

企业名称（公章） 职业（工种）： 第 期 班 培训时间： 年 月 日— 年 月 日

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| 序号 | 姓 名 | 性别 | 年龄 | 身份证号 | 人员类型 | 《就业创业证》 编 号 | 本人联系方式 | 备 注 |
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