**职业资格鉴定考核报名表**

**单位全称： 通讯地址： 电话（区号）： 传真：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号** | **文化****程度** | **专业工龄** | **申报****等级** | **申报****类别** | **联系电话** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |

**联系人：**

**填表日期：                     （单位盖章）**