**事 业 单 位 在 职 人 员 名 单（五）**

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| 姓 名 | 性  别 | 民  族 | 籍贯 | 政治面貌 | 出生  年月 | 身份证号码 | 学历  学位 | 参加工作时间 | 所在处  （科）室 | 岗  位 | 经费供给形式 | 变更原因及  时间 | 审核、签名、盖章  （日期） |
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