**附件2：**

兵团卫生健康人才“1512”工程申报情况汇总表

填报单位（盖章）： 联系人及手机： 领导签字： 日期：年 月 日

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| **序号** | **所在单位及职务** | **姓名** | **性别** | **民族** | **政治面貌** | **出生年月（年龄）** | **工作时间** | **职称（聘任年限）** | **身份证号** | **最高学历** | **学位** | **是否全职在兵团工作** | **申报类别** | **符合申报条件中的第几项条件** |
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