附件2：

**宁夏医科大学申请参加岗前培训人员花名册**

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| **序号** | **姓名** | **学历** | **性别** | **身份证号** | **工作单位** | **所在院系（部门）及任教专业** | **师范或 非师范** | **手机号码** | **备 注(是否为补考及补考科目)** |
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| 备 注： | | 1.上报时请按照“师范、非师范”顺序分类依次填写报送，严格确保填报信息的准确性；2.“工作单位”填写一级单位名称，如宁夏医科大学、宁夏医科大学总医院、宁夏医科大学第二附属医院等。 | | | | | | | |

填报人签名： 联系电话： （此表请用Excel编辑）