附件2

（部门）从教三十周年人员信息汇总表

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| **序号** | **姓名** | **是否提供 个人简介** | **是否提供 2寸照片** | **是否经本人 确认** | **备注** |
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| **经审核，本汇总表所填内容属实。** | | | | | |
| **院部负责人签字：** | | | | | |
| **院部门盖章** | | | | | |
| **填表日期： 年 月 日** | | | | | |