专业技术人员继续教育登记卡

工作单位：

|  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | 性别 |  | | 年龄 |  | 职称 |  |
| 进修时间 | | | 进修内容 | | | | | 学习方式 | 学时 | 考核成绩 |
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| 验证  意见 |  | | | | |  | | |  | |