**附件1**

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| **自治区人才开发基金资助专业技术人员进修申请表** | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 |  | | | | 民族 | |  | 出生年月 | |  |
| 文化程度 | |  | | | 何时何校何  专业毕业 | | | | |  | | | | | |
| 参加工作 时 间 | | |  | | 从事专业 | | |  | | | 学习期间  拟主修专业 | | |  | |
| 专业技术职务 | | | | |  | | | | | | 联系电话 | | |  | |
| 现工作单位 | | | |  | | | | | | | | | | | |
| 从事专业技术工作以来的经历 |  | | | | | | | | | | | | | | |
| 单位推荐意见 | 领导签字： 盖 章 | | | | | | 盟 会  市 保  人 障  力 部  资 门  源 意  和 见  社 | | 领导签字： 盖 章 | | | | | | |
| 审批机关 | 领导签字： 盖 章 | | | | | | | | | | | | | | |

**附件2**

**“511人才培养工程”赴内蒙古医科大学进修申报人员花名册**

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| 序号 | 工作单位 | 姓名 | 性别 | 民族 | 出生年月 | 专业技术  职 务 | 文化程度 | 毕业学校  及时间 | 从事专业 | 联系电话 |
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