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| **2023年度考核测评会参会人员签到表** | | | | | | |
| **考核单位** | |  | | **考核时间** |  | |
| **考核地点** | |  | | **考核组** | 第 组  签字： | |
| **参会人员签到** | | | | | | |
| **序号** | **姓名**  **部门** | | **职务** | | | **签到**  **备注** |
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注：1.本表单面打印，页数不足可自行加页。

2.本表必须由本人签字，不可代签。