附件二

 培训项目参训学员基本情况和颁证意见一览表

承办单位（盖章）： 填报日期： 年 月 日

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| 序号 | 学员姓名 | 性别 | 年龄 | 民族 | 单 位 或 职 业 | 职 务 | 完成学时 | 考试成绩(百分制) | 承办单位颁证意见 |
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