附件1

湖南省专业技术人员继续教育验印登记表

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| 单位（公章）： | | |  | | | 联系人： | | | | 联系方式： | | | |
| 序号 | 姓名 | 身份证号 | | 现有职称 | 聘用时间 | 拟申报职称 | 证书编号 | 完成学时（年度） | | | | | 备注 |
| 2016 | 2017 | 2018 | 2019 | 2020 |  |
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