**附件 重庆市第二十届高校青年教师岗前培训送培计划表**

**送培学校： 填表人： 联系电话：** **单位负责人（签字）：**

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| 序号 | 姓 名 | 性别 | 出生年月 | 学历学位 | 毕 业 学 校 | 所学专业 | 工 作 单 位 | 联系电话 | 备注 |
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