附件2

 区中小学（幼儿园）视导员汇总表

填报单位：                   填表人： 联系电话：

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| 序号 | 姓名 | 工作单位 | 性别 | 出生年月 | 职务 | 专业 | 学历 | 职称 | 手机号码 | 电子邮箱 |
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