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| 附件2 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 会计系列（专业）高级职称评审专家推荐花名册 | | | | | | | | | | | | | | |  |  |
| 填报单位： | |  |  |  | 填报日期： | | |  | 审核人： | |  | 联系电话： | |  |  |  |
| 序号 | 姓名 | 身份证号 | 性别 | 出生  年月 | 民族 | 工作单位 | | 手机  号码 | 现职称 | | | | 现职聘任累计年限 | 学  科  组 | 工作单位驻地 | 备注 |
| 系列 | 名称 | 专业类别 | 取得时间  （年份） |
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