附件2

**2019年龙岩市“三支一扶”高校毕业生拟派遣人员汇总表**

填报单位（盖章）： 项目类别： 时间： 年 月 日

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| 序号 | 姓名 | 性别 | 身份证号 | 政治面貌 | 毕业院校 | 专业 | 学历 | 毕业时间 | 生源地 | 服务县 （市、区） | 拟派遣单位 | 岗位名称 | 服务类别 | 联系电话 |
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注：项目类别填写省级项目或市级项目。