附件2：

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| 九江市事业单位专业技术人员调动申报表 | | | | | | | | | | | | | | | | | | | | | | |
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| 姓名 |  | | | 性别 | | |  | | | | | | 出生  年月 | | |  | | | | 照片 | | |
| 政治  面貌 |  | | | 工资  情况 | | |  | | | | | | 职务职称 | | |  | | | |
| 最高学历毕  业学校、时间、专业 | |  | | | | | | | | | | | | | | | | | |
| 参加工作时　　间 | |  | | | | 何时何部门批准进入干部队伍 | | | | | | | |  | | | | | |
| 现在工作单　　位 | |  | | | | | | | | | | | | | | | | | 单位  性质 | |  | |
| 拟调入工作 单 位 | |  | | | | | | | | | | | | | | | | | 单位  性质 | |  | |
| 本 人 主 要 简 历 （ 含 学 历 ） | | 年、月——年、月 | | | | | | | 在何地、何部门 | | | | | | | | | | | | 任何职务 | |
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| 本人主要表现及考核等次 | |  | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 | |  | | | | | | | | | | | | | | | | | | | | |
| 配 偶 情 况 | | 姓名 |  | | | | | | | 出生年月 | | | | |  | | | 结婚年月 | | | |  |
| 工作单位  或住址 | | |  | | | | | | | | | | | | | 职务、职称 | | | |  |
| 家庭主要成员（父母、  子女等）情况 | | 姓名 | | | 性别 | | | 年龄 | | | | 称谓 | | 工　作　单　位　及　地　址 | | | | | | | | |
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| 调动详  细理由 | |  | | | | | | | | | | | | | | | | | | | | |
| 调入单  位情况 | | 编制定员数 | | |  | | | | | | 现有人数 | | | | |  | | | 缺编数 | | |  |
| 调出单位意见 | | | | | 主管部门意见 | | | | | | | | | | | | 人保部门意见 | | | | | |
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| 调入单位意见 | | | | | 主管部门意见 | | | | | | | | | | | | 人保部门意见 | | | | | |
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●单位性质指机关，全额拨款事业、差额拨款事业、企业化管理事业，全民企业、集体企业。