附件2

2019-2020年度昆明市大学生志愿服务西部计划省级地方项目资格复审表

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| **姓名** |  | | **性 别** | | | | |  | | | **籍 贯出生地** |  | | | **照片** | |
| **出生**  **年月** |  | | **民 族** | | | | |  | | | **政　治**  **面　貌** |  | | |
| **毕业学校及所学专业** |  | | | | | | | | | | **毕业证**  **编 号** |  | | |
| **学 历** |  | | **学位** | | | |  | | **报考**  **岗位** | |  | | **报考**  **代码** | | |  |
| **户口所在 地** |  | | | | | | | | **联系电话** | | |  | | | | |
| **身份证号码** | | | | | |  | | | | | | | | | | |
| **家庭详细地址** | | | | | |  | | | | | | | | | | |
| **主 要 家 庭 成 员** | | | | | | | | | | | | | | | | |
| **称谓** | | **姓 名** | | | **出生年月** | | | | | **工 作 单 位 及 职 务** | | | | | | | |
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| **个 人 简 历** | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **就读学校** | | | | | | | | | | **所学专业** | | |
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| **单位审查意见：**  **审核人签字： 年 月 日** | | | | | | | | | | | | | | | | |

**填表说明：1.本表一式二份。2. “个人简历”从大学学历起填。**