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| **江西省康复辅具技术中心报名信息汇总表** | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘岗位代码或名称** | **姓名** | **性别** | **民族** | **出生年月** | **身份证号码** | **政治面貌** | **籍贯** | **全日制第一学历** | | | | | **全日制最高学历** | | | | | **职称情况** | **资格证书情况** | **婚姻状况** | **参加工作时间** | **联系电话** | **电子邮箱** |
| **学历** | **学位** | **所学专业** | **毕业学校** | **毕业时间** | **学历** | **学位** | **所学专业** | **毕业学校** | **毕业时间** |
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