附件

锡林浩特市“双减”工作社会监督员申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 年龄 |  | 近期1寸  免冠照片 |
| 身份证号码 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | |
| 联系电话 | |  | | | | | |
| 工作单位  及职务 | |  | | | | | |
| 个人工作  简历 | |  | | | | | |
| 备注 | |  | | | | | |

备注：个人1寸照片电子版请同表格一起发至邮箱xsjyjjjg@126.com。