附件

2024年保山市残疾人“共创计划”互联网助力残疾人就业增收公益项目培训报名表

县（市、区）：

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| 序号 | 姓名 | 性别 | 年龄 | 民族 | 文化程度 | 残疾等级 | 残疾证号 | 身份证号 | 联系电话 | 常住地址 |
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培训工作联系人： 电话： 日期：