附件2

甘肃省“最美社区工作者”推荐汇总表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **推荐单位（盖章）：**  **填表日期：** | | | | | | | | | |
| 序号 | 姓名 | 性别 | 出生年月 | 民族 | 籍贯 | 政治面貌 | 工作单位及职务 | 联系电话 | 备注 |
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单位负责人： 填表人： 联系电话：