附件3

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| **安徽省2022年度中职学校教师素质提高计划省级培训学员信息汇总表** | | | | | | | | | | | | | |
| 市、省直管县（市）教育局（盖章）： 填表人： 联系电话： 填报时间： 年 月 日 | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **工作单位** | **政治面貌** | **身份证号** | **民族** | **职称** | **职务** | **学历** | **联系电话** | **电子邮箱** | **参训项目** | **所教专业** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **注:1请根据派训人数增减行数。** | | | | | | | | | | | | | |