附件2：

**近两年接收高校毕业生实践花名册**

填报单位（盖章）： 填报人： 联系电话：

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| 序号 | 姓名 | 身份证号码 | 毕业院校 | 毕业时间 | 学历 | 专业 | 实践岗位 | 实践天数 | 是否聘用 |
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