附件2

职业技能等级认定机构培训专家花名册

申请机构： 填报时间：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 证件编号 | 联系电话 | 专业/职业 | 职务/职称 | 从事培训年限 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |