附件1

2023年度第五期水质检测人员培训班回执

填报单位：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | 出生年月 | | 身份证号 | 文化程度 | 职称 | 联系电话 |
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| 证书回邮地址 | | |  | | | | |
| 邮 编 | | |  | | | | |
| 收件人 | | |  | | | | |
| 手 机 | | |  | | | | |

填报人： 联系电话：