附件2

**2020年国家级技能大师工作室建设项目申报单位汇总表**

推荐单位：（盖章）

|  |  |  |  |  |  |  |  |  |  |  |
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| **序号** | **姓名** | **性别** | **出生**  **年月** | **单 位** | **从事职业 （工种）** | **技能**  **等级** | **荣获奖项情况** | **工作室依托单位**  **收款账户名称及账号** | **申报人电话** | **联系人**  **及电话** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
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