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| 辽宁省技能大师工作站申请表 | | | | | | | | | | | | | | |
| 工作站名称 | |  | | | 工作站行业类别 | | | | | | |  | | |
| 申办单位 基本情况 | | 名称 |  | | | | | | | | | | | |
| 负责人  姓名 |  | | 职务 | |  | | | | 联系 方式 | |  | |
| 联系人  姓名 |  | | 联系方式 | |  | | | | 邮箱 | |  | |
| 工作站地址 | |  | | | | | | | | | | | | |
| 领创人 自然情况 | | 姓名 |  | | | | | 手机号码 | |  | | | | |
| 工作单位及岗位 |  | | | | | | | | | | 技能等级 |  |
| 身份证 号码 |  | | | | | | | | | | | |
| 所获荣誉 | （可另外附页） | | | | | | | | | | | |
| **驻站人员情况** | | | | | | | | | | | | | | |
| 姓名 | | 性别 | 工作单位现职岗位 | | | | | 职业资格等级 | | | 驻站 职位 | | 专（兼）职 | 备注 |
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| 场地及设施 | 教学设备 | | | | | | | 实习设备 | | | | | | |
| 名称 | | | 数量 | | | | 名称 | | | | | | 数量 |
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| 主管部门意见 | 年 月 日 | | | | | | | | | | | | | |
| 市人力资源和社会保障局意见 | 年 月 日 | | | | | 市财政局意见 | | | 年 月 日 | | | | | |
| 专家评审意见 |  | | | | | | | | | | | | | |