附件5：

**安徽省职业技能鉴定审批表**

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| 姓名 |  | 性别: |  | 籍贯 |  | | 健康状况 | | |  | 贴  照  片 | |
| 身份证号 |  | | | 联系电话 | | |  | | | |
| 学历 | 毕业学校及时间 | | | 专业(学制) | | | 参加工作时间 | | | |
|  |  | | |  | | |  | | | |
| 工作单位 |  | | | 现从事职业等级 | | |  | | | |
| 原证书号 |  | | | 申请鉴定等级 | | |  | 职业工龄 | | |  | |
| 现持职业资格证书、取得时间及发证机关 | | | |  | | | | | | | | |
| 与鉴定职业相关的其他工作或任职 | | | |  | | | | | | | | |
| 学 习 培 训 简 历 | | | | | | | | | | | | |
| 起始时间 | | 培训单位 | | | | 学习内容 | | | 成绩 | | | 证明人 |
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| 工 作 简 历 | | | | | | | | | | | | |
| 起始时间 | | 工作单位 | | | | 从事主要工作 | | | 证明人 | | | |
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