浙江省档案管理岗位培训报名(登记)表

单位盖章：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | 性别 |  | | | 出生年月 | | |  | | | 照片 |
| 身份证号码 | | | |  | | | | | | | | | | | | |
| 行政职务 | | |  | | | | | | 专业职务 | | | | |  | | |
| 所学专业 | | |  | | | | | | 最高学历 | | | | |  | | |
| 毕业院校 | | |  | | | | | | | | | | | | | | |
| 单位名称 | | |  | | | | | | | | | | | | | | |
| 单位地址 | | |  | | | | | | | 单位电话 | | |  | | | | |
| 邮政编码 | | |  | | | | |
| 邮箱或QQ | | |  | | | | | | | 手 机 | | |  | | | | |
| 考  试  成  绩 | 档案工作与档案法治建设 | | | | | | | | | | | | | |  | | |
| 档案管理与利用 | | | | | | | | | | | | | |  | | |
| 电子文件管理与档案信息化建设 | | | | | | | | | | | | | |  | | |
| 岗位证书编号 | | | | |  | | | | | | | 发证日期 | | | |  | |
| 培训方式 | | | | | | 面授教学： | | | | | | | | | | | |
| 网络教学： | | | | | | | | | | | |

填表说明：

1.表中“考试成绩”、“证书编号”、“发证日期”由我中心填写；

2.请务必选择培训方式。网络教学必须填写邮箱（或QQ）以及手机。