附件3

2023年全区审计专业技术人员继续教育培训网授报名表

填表单位： 联系人： 电话：

| **序号** | **姓 名** | **性别** | **出生年月** | **身份证号码** | **学历** | **现从事专业** | **专业技术职务** | **单位** | **手机号** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6— 7 — |  |  |  |  |  |  |  |  |  |