附件3

兵团科协第五次代表大会代表登记表

推荐单位（盖章）：

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| 姓名 | 性别 | 出生  年月 | 民族 | 党派 | 专业 | 工作  单位 | 职务、  职称 | 所在团体、职务 | 联系方式 | 备注 |
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