附件3

社会培训评价组织遴选确定情况表

 市人力资源和社会保障局（加盖公章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 单位名称 | 详细地址 | 联系人 | 联系方式 | 职业名称 | 工种名称 | 职业编码 | 等级范围  | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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 联系人： 联系电话：