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| 鲁电协〔2023〕18号附件1  **职业技能等级认定报名回执表** | | | | | | | | |
| **学员信息** | | | | | | | | |
| **序号** | **姓名** | **性别** | **身份证号** | **文化程度** | **联系方式** | **单位名称** | **报考工种及级别**  **（五级、四级，三级）** | **备注**  **（是否有相应证书）** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| **单位联络人** | | | （报名人数较多的单位请指派一名联络人，填写姓名、联系方式及邮箱） | | | | | |