附件4

驻吉田镇帮扶工作队报名表（县直）

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| 序  号 | 帮扶镇  （吉田镇） | 帮扶单位 | | | | | 工作队成员 | | | | | | | | | | 备注 | |
| 单位名称 | 联系人 | 联系电话 | 邮箱 | 姓名 | | 出生年月 | 单位职务 | 挂任职务 | 政治面目 | 是否驻村第一书记 | 联系电话 | 邮箱 | 入驻时间 |  | |
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填表人： 联系电话：

注明：该表由县直帮扶吉田镇各有关单位报送，请在备注栏注明是否牵头单位，要求每个单位至少需报1名干部。