**本项目拟派其他主要人员汇总表**

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| 姓名 | 性别 | 年龄 | 职称 | 专业 | 资格证书  编号 | 拟在本项目中担任的工作或岗位 |
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注：按评分标准提供其他主要服务人员资格证书、身份证的复印件并加盖单位公章。

供应商（公章）：

法定代表人（签字或盖章）：

日 期：