实施方案

**供应商根据本项目制定服实施方案，格式自拟。**

**拟投入本项目的人员**

**供应商名称：**

**项目编号：**

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| **序号** | **姓名** | **性别** | **年龄** | **职务** | **职称** | **学历** | **参加工作年限** |
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注：应附相关证明资料

供应商名称： （盖章）

法定代表人或授权代理人： （签字或盖章）

年 月 日