**拟派人员配置情况表**

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| 序号 | 姓名 | 年龄 | 性别 | 学历 | 专业 | 职称 /职务 | 拟承担职务 | 备注 |
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注：后附相关证书证明材料。

供应商名称（盖章）：

法定代表人或被授权人（签字或盖章）：

日 期：