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附件3

编内人员报考有关证明样张

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| 绍兴市卫生健康委员会：XXX同志系我单位事业（正式）编制职工，同意其报考你委组织的卫生健康单位公开招聘。具体工作经历：XX年X月- XX年X月， XX科室从事XX工作。XX年X月- 至今， XX科室从事XX工作。 （单位盖章） XXXX年X月X日单位联系人：XXX 联系电话：XXX XXX |
| 主管部门意见：（绍兴市范围内事业编制人员填写）同意其参加招聘考试。 XXX区、县（市）卫生健康局人事科或XXX学院人事科（盖章） XXXX年X月X日 |

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