附件 2

2024年中青班跟岗学习情况考核表

**姓 名：**

**单 位：**

**班级学号：**

常州经开区社会事业局

2024 年 4 月

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| **姓 名** | |  | **性 别** |  | **年 龄** |  |
| **单位职务** | |  | | | | |
| **跟岗导师姓名及单位** | |  | | | | |
| **跟岗主要活动记载**  **跟岗主要活动记载** | 序号 | 跟岗活动内容描述（可附页） | | | | |
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| **跟岗学习情况自我鉴定（1500字左右）** |  | | | | | |
| **导师评价意见** | 导师签字：  年 月 日 | | | | | |