附件5

中山市离岗基层老兽医名册表

填报单位（盖章）： 联系人： 联系电话： 填报时间： 年 月 日

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| 序号 | 姓名 | 出生年月 | 身份证号码 | 户籍地 | 现居住地住址 | 联系电话 | 工作起止时间 | 工作年限 | 有无企事业基本养老保险 | 备注 |
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