附件1

2017年湖南省非受委托高校申请认定高等学校教师资格人员花名册

申报学校（公章）：　　　　　　　　　　　　　　　　联系人：　　　　　　　　　　　联系电话： 填报时间：

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| 序号 | 姓　名 | 性别 | 出生年月 | 民族 | 身份证号 | 毕业学校 | 最高  学历 | 最高  学位 | 所学专业 | 申请任 教学科 | 专业技 术职务 | 思想品德鉴定意　见 | 身体和  健　康状　况 | 普通话  水　平 | 面试 | 试讲 | 备注 |
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