同心县基层政务公开义务监督员报名表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | | **民族** |  | **照 片** |
| **出生年月** |  | **身份证号** | |  | | | |
| **政治面貌** |  | **文化程度** | |  | | | |
| **工作单位及职务** |  | | | | | | | |
| **联系电话** |  | | **电子邮箱** | |  | | | |
| **住址** |  | | | | | | | |
| **简历** |  | | | | | | | |
| **所在乡镇或单位意见** | **（ 盖 章）** | | | | | | | |
| **备注** |  | | | | | | | |