**中国新闻史学会二级机构负责人备案表**

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| **二级机构名称** | | | | |  | | | | | (照片) |
| **姓 名** | |  | **性 别** | |  | | **出生年月** |  | |
| **国 籍** | |  | | | **民 族** | |  | | |
| **证件类型** | |  | **证件编号** | |  | | **政治面貌** |  | |
| **拟任职务** | |  | **联系电话** | |  | | **联系电话** |  | | |
| **邮政编码** | |  | | | **本人签字** | |  | | | |
| **是否有其他社会兼职** | | | | |  | | | | | |
| **工作单位及职务** | | |  | | | | | | | |
| **其他社会职务** | | |  | | | | | | | |
| **主**  **要**  **简**  **历** | **起止年月** | | | **单 位** | | | | | **职 务** | |
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| **二级机构负责人签字：**      **年 月 日** | | | | | | **挂靠单位意见审查：**  **(印章)**  **经办人：**  **年 月 日** | | | | |

(请将本人身份证/军官证/护照复印件粘贴在背面)