附件4

北京市申请认定高等学校教师资格人员情况汇总表

单位：（盖章） 填表时间： 年 月 日

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| **序号** | **姓名** | **性别** | **民族** | **身份证号码** | **毕业学校** | **最高**  **学历/学位** | **现从事**  **职业** | **专业技术职务** | **申请**  **任教学科** | **是否参加能力测试** | **备注** |
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填表人（联系人）签字： 联系电话：