## 拟投入本项目的人员

**供应商名称： 项目编号：**

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| 姓名 | 本项目拟任岗位 | 性别 | 年龄 | 专业/学历 | 专业工作年限 | 现任职务 |
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注：后附相关人员资质证件等证明材料（复印件加盖公章）

**供应商： （公章）**

**法定代表人或被授权代表（签字或盖章）：**

**日期：**