附件1

2023年山东省残障人员普通话培训测试报名汇总表

**报送单位： 联系人： 联系电话：**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序 号** | **姓 名** | **残疾类型** | **身份证号** | **性别** | **民族** | **现居住地** | **出生地** | **职业** | **工作单位** | **通讯地址** | **备 注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |

注：残疾类型：盲/低视力/聋；职业：教师/非教师；已通过教师资格证考试的人员请在备注一栏备注。