附件3

考试笔试免费申请表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | |
| **岗位编码** |  | | **身份证号** | |  | |
| **学历** |  | | **联系电话** | |  | |
| **毕业时间** |  | | | | | |
| **毕业院校及专业** |  | | | | | |
| **户籍地址** |  | | | | | |
| **证明单位** |  | | | **联系电话** | |  |
| **减免种类** | **脱贫户家庭🞎** | | | **低保家庭**🞎 | | |
| **父母双亡家庭🞎** | | **父母一方为烈士或一级伤残军人家庭🞎** | | | | |
| **本人承诺以上填报内容属实，如有隐瞒，愿承担由此引起的一切后果和责任。**  **申请人(签字捺印)：**  **年 月 日** | | | | | | |