**附件2：**

**湖南科技学院2024年春季综合类双选会**

参 会 回 执 函

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| 单位名称 | |  | | | | | | | |
| 单位地址 | |  | | | | | | | |
| 联系人 | |  | | | 联系电话 | | |  | |
| 单位性质 | | 机关□ 事业单位□ 国企□ 私企□ 其他□\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 是否校友单位 | | 是□ 否□ | | | | | | | |
| 参会人员 | 姓名 | 性别 | 部门和职务 | 联系方式 | | | 预计到达时间 | | |
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|  |  |  |  | | |  | | |
| 岗位名称 | | 需求专业 | | | | 学历 | 人数 | | 工资及其他福利待遇 |
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**请于4月12日前将本回执函盖章上传云平台。联系电话：0746-6381290**