附件10：

部门少数民族人员情况统计表

单位： 二级党组织负责人签字： 统战委员签字：

（二级党组织盖章）

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| 序号 | 姓名 | 性别 | 民族 | 出生年月 | 党派 | 学位 | 职称 | 职务 | 宗教信仰 | 联系方式 |
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