**培训结果考核表**

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| 培 训 项 目 | |  | | | 公司会议室 | | | |  | |
| 授 课 人 | |  | | | 培 训 地 点 | | | |  | |
| 培 训 日 期 | |  | | | 培 训 课 时 | | | |  | |
| 培训内容： | | | | | | | | | | |
| 参 加 人 员 及 培 训 成 绩 | | | | | | | | | | |
| 序号 | 姓 名 | | 工 作 部 门 | 成 绩 | | 序号 | 姓 名 | 工 作 部 门 | | 成 绩 |
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| 有效性评价：  签字： 日期： | | | | | | | | | | |

