|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |  |  |  |
| **云南省2024年特岗教师考试（笔试）查分复核登记表** | | | | | | | | |
| **州（市）：** |  |  | **联系人：** |  | **联系电话：** |  |  |  |
| **序号** | **准考证号** | **考生姓名** | **身份证号** | **复核科目** | **网站查询分数** | **联系电话** | **受理日期** | **复核后分数** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |

附件3

自愿放弃资格复审（面试）承诺书

本人 ，性别： ，民族 ，籍贯： ，身份证号： ， 年 月毕业于 （毕业学校及专业）。2024年6月，本人参加了江城县特岗教师招聘考试，报考 岗位，笔试成绩 分，为本岗位 名。因 ，本人自愿放弃资格复审（面试），由此产生的后果由本人承担。

承诺人：

2024年 月 日