**附件4 全国盲人医疗按摩人员高级专业技术职务任职资格评审申报一览表**

填报单位及主管部门盖章： 填报人及联系电话： 填报日期： 年 月 日

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| **编****号** | **姓 名** | **性别** | **出生****年月****日** | **盲否** | **学****历** | **工 作 单 位** | **行****政****职****务** | **现任技术职务** | **申报技术职务** | **取得现技术职务时间** | **现从****事专****业技****术工****作** | **本专业工作年限** | **毕业学校及专业** | **毕业****时间** | **参加答辩****论文题目** | **论文发表****杂志及时间** | **论文答辩评语** | **医古文考试成绩** |
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