附件6

2024年度支援人员职称申报名单

填报单位（盖章）：

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| **序号** | **姓名** | **所在单位** | **上级主管部门** | **申报级别** | **申报专业组** | **申报专业** | **支援地点** | **支援时长****1年/1年半** | **支援状态在援/回津1年半内** | **是否答辩** | **答辩方式现场/远程** |
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