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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