附件6

**辽宁省科技成果转化成绩优异人员专业技术资格审核表**

**填表单位：（盖章）**   **填表时间： 年 月 日**

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| **序号** | **姓 名** | **性别** | **身份**  **证号** | **工作**  **单位** | **何时何校及何专业毕业** | | | | **现从事专**  **业及年限** | | **现资格及**  **批准时间** | | **报评专业技术资格** | **年度考核结果** | **评审**  **类别** | **专业学科分类** | **联系方式** |
| **毕业时间** | **毕业**  **学校** | **所学专业** | **学历** | **从事**  **专业** | **年限** | **资格** | **时间** |
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