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| 附件6  青海省名中藏蒙医推荐对象汇总表 | | | | | | | | | | |
| 推荐单位（盖章）： | | | | | | | | 填报日期： 年 月 日 | | |
| 序号 | 姓名 | 性别 | 出生 年月 | 民族 | 学历 | 党派 | 工作单位 | 职称 | 工作年限 | 备注 |
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