附件3：

**申请评定、调整伤残等级人员汇总表**

填报单位：（加盖公章） 填报人： 填报日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **序号** | **姓名** | **性别** | **户籍地** | **伤残性质** | **身份证号码** | **致残时所在单位及职务** | **人员****属性** | **评定方式** | **申检科目** | **主要检查部位** | **原等级** | **鉴定结果** | **备注** |
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附件4：

**市级评定、调整伤残等级结果汇总表**

填报单位：（加盖公章） 填报日期：

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| **序号** | **姓名** | **性别** | **户籍地** | **伤残性质** | **身份证号码** | **致残时所在单位及职务** | **人员****属性** | **评定方式** | **检查科目** | **原****等级** | **鉴定结果** |
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单位领导： 部门负责人： 经办人：