**附件3**

**菏泽市保健按摩师职业技能大赛报名汇总表**

申报单位(盖章):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓名 | 性别 | 身份证号码 | 单位 | 原等级及取得时间 | 参赛组别 | 联系方式 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |