**نموذج رقم ( 17/م ب)**

**كشف بأسماء الموظفين من الأشخاص ذوي الإعاقة**

**وزارة / دائرة / مؤسسة:** ...........................................................................................................................

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| **الرقم** | **الرقم الوطني** | **الاسم** | **المؤهل العلمي** | **التخصص** | **الوظيفة الفعلية** | **نوع الاعاقة الجسدية** | | | | **ملاحظات** |
| **حركية** | **بصرية** | **سمعية** | **اخرى** |
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| **المجمـــــــــــــــــــــــــــــــــوع** | | | | | | | | **ذكر** | **انثى** |  |
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