附件3

第 批北京市东城区中医学术经验继承人申报表

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| --- |
| 贴照  片处 |

申报单位（章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | | | 性  别 | |  | | 出生  年月 | | | | | |  | | | | | 学  历 | | | | |  | | | | 民  族 | | | |  | | |
| 身份证号码 | | | |  |  | |  | |  |  |  | |  | |  |  | | | |  |  |  | | |  | |  | |  |  | | |  |  |
| 何时毕业于  何校何专业 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医学学位 | | |  | | | | | | | | | 现有  职称 | | | | |  | | | | | | | | | 受聘  时间 | | | | |  | | | |
| 从事  专业 | |  | | | | | | | | | | 从事本专业  工作时间 | | | | | | | | | | |  | | | | | | | | | | | |
| 工位单位地址 | |  | | | | | | | | | | 单位  电话 | | | | | |  | | | | | 手机 | | | | |  | | | | | | |
| 指导老师意向 | | 1. 2. 3.  服从调剂 □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历（可另附纸）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以往在国内外公开发行期刊上发表的论文及成果奖励： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请从事继承学习的理由、是否能保证教学计划的完成：      申报人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位推荐意见（政治思想表现、医德医风、临床工作能力等）：  负责人（签字）： 单位（章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 东城区卫生计生委审核意见：  负责人（签字）： 单位（章）  年 月 日 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |