附件3

第四批全国中医（西学中）优秀人才研修项目培养对象候选人基本情况表

推荐单位：（盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序****号** | **姓名** | **性别** | **出生****年月** | **单 位** | **从事专业及****方向** | **从事专业****技术工作年限** | **职称** | **行政职务** | **联系电话** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |