全国中医药创新骨干人才培训项目培养对象基本情况汇总表

单位（盖章）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序****号** | **姓 名** | **性别** | **出生****年月** | **工作单位** | **职 称** | **从事专业** | **从事中医临床或科研时间（年）** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |