附件3

第五批省“特支计划”卫生创新类申报人选汇总表

 （主管部门盖章）

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| **序号** | **姓名** | **工作单位及职务** | **性别** | **出生年月** | **学历** | **学位** | **从事专业** | **专业技术职务** | **手机号** | **备注** |
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