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

市级中医药主管部门（盖章）

联系人： 联系电话：

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| **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** |
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