附件5

第六批全国中医临床优秀人才研修项目

推荐人员基本情况汇总表

单位（盖章）

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| 序号 | 申报  类别 | 姓名 | 性别 | 出生年月 | 单 位 | 从事专业  及方向 | 职称 | 联系电话 | 身份证号码 | 备注（申报临床类，请注明是否属于基层人员） |
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2025年青年岐黄学者培养项目推荐人员基本情况汇总表

单位（盖章）

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| 序号 | 姓名 | 性别 | 民族 | 出生  日期 | 职称 | 单位 | 专业 | 从事专业领域或主要研究方向 | 联系电话 |
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注：此表请同时报送Word版。