附件3

第五批全国中医临床优秀人才研修项目

培养对象候选人基本情况表

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| **序****号** | **姓名** | **性别** | **出生****年月** | **单 位** | **从事专业及方向** | **职称** | **联系电话** |
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推荐单位：（盖章）