附件3

2024年岐黄学者培养项目推荐人员汇总表

单位（盖章） 联系人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **类别** | **序号** | **姓名** | **性别** | **民族** | **出生日期** | **职称** | **单位** | **专业** | **主要研究方向** | **联系电话** |
| 临床型 | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |
| 科研型 | 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |

注：此表请同时报送Word版。