附件4

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

推荐单位（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** | **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

 推荐单位（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** |
| 1 |  |  |  |  |  |   |  |  |  |
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| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

注：此表请同时报送Word版。