**天津市医疗健康学会第一届 专业委员会委员推荐表**

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| 姓名 | | 身份证号 | | 性别 | | | | 籍贯 | | | | 民族 | | | 个人照片 |
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| 技术职称 | | 行政职务 | | 学历 | | | | 党派 | | | | 主要专业 | | |
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| 工作单位 | |  | | | | | | 科室 | | |  | | | |
| 单位通讯地址 | |  | | | | | | | | | | | | |
| 手机号 | |  | | | | 单位联系电话 | | | | | |  | | | |
| E--mail | |  | | | | | | | | 微信号 | | |  | | |
| 其他学（协）会名称 | | | | | 担（兼）任的职务 | | | | | | | | | | |
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| 主要学历（包括在国外院校、研究机构的学历） | | | | | | | | | | | | | | | |
| 起 始 年 月 | | | 学 院 和 系 名 称 | | | | | | | 学 位 名 称 | | | | | |
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| 主要工作经历 | 起 始  年 月 | | 工 作 单 位 | | | | 职务 或 技术职称 | | | | | | | 参加重要科研项目 | |
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|  | |  | | | |  | | | | | | |  | |
| 论文、著作、科研  成果 |  | | | | | | | | | | | | | | |
| 单位意见 | 盖章 | | | | | | | 学  会  意  见 | 盖章 | | | | | | |