**淄博市药学会 专业委员会委员推荐表**

**填表日期： 年 月 日**

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| **姓名** | |  | | **性别** |  | | | **身份证号** | | | |  | | | | |  | |
| **籍贯** | |  | | **民族** |  | | | **党派** | |  | | **专业** | | |  | |
| **工作单位** | | |  | | | | | | | | **技术职称** | | | |  | |
| **联系地址** | | |  | | | | | | | | **邮 编** | | | |  | |
| **通讯方式** | | | **手机： 办公： Email：** | | | | | | | | | | | | | | | |
| **主要学历** | **起止年月** | | | | | **院校名称** | | | | | | | | | | **学位** | | |
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| **主要工作经历** | **起止年月** | | | | | **工作单位** | | | | | | | **职务** | | | **技术职称** | | |
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| **主要学术成绩** | **（成果\著作\论文）题目** | | | | | | **(获奖\出版)时间** | | | | | | | **奖项或刊物名称** | | | | **位次** |
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| **其他社会兼职：** | | | | | | | | | **何专业临床药师：** | | | | | | | | | |
| **单 位 意 见** | | | | | | | | | **淄博市药学会意见** | | | | | | | | | |
| **（公章）**  **年 月 日** | | | | | | | | | **（公章）**  **年 月 日** | | | | | | | | | |

**我郑重承诺：本人所提供的个人信息真实、准确。本人签字：**