附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 江西省名中医推荐对象汇总表 | | | | | | | | | | | | | | | | |
| 推荐单位（盖章）： 填表时间： | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 出生年月 | 民族 | 参加工 作时间 | 从事中医药工作年限 | 从事 专业 | 政治面貌 | 学历 | 学位 | 所学专业 | 专业技术职务 | 是否省级名基层中医 | 是否全国优秀中医临床人才 | 所在单位 | 联系电话 |
|
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

备注：1. 以上内容须与推荐审批表内容一致，推荐对象按优先程度排序。

备注：2. 从事专业分为中医内科、中医外科、中医妇科、中医儿科、中医骨伤科、中医五官科、针灸推拿学、中西医结合临床、中药学。