附件3

南京市中医药青年人才申报汇总表

单位（盖章）： 填报人： 填报日期：

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| 编号 | 姓名 | 性别 | 出生日期 | 单 位 | 最高学历 | 职称 | 学会任职情况 | 科研课题  或文章情况 | 电话 |
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