**首届** **“江苏医师协会医师奖”候选人推荐表（2017年）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | |  | **民族** |  | **出生日期** | | | |  | | **近**  **照** |
| **职称** |  | | | **专业** | |  | | **学位** | |  | | **学历** |  |
| **执业证号** | |  | | | | **医师协会**  **会员证号** | |  | | | | | |
| **工作单位及职务** | |  | | | | | | | **邮编** | |  | | |
| **单位地址** | |  | | | | | | | **电话** | |  | | | |
| **手机** | |  | | | |
| **毕业学校** | |  | | | | | | | **Email** | |  | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | | |
| **所在单位**  **推荐意见** | | **推荐单位（盖章）**  **年 月 日** | | | | | | | | | | | | |
| **地方医师协会或卫生行政部门或专科医师分会推荐意见** | | **推荐单位（盖章）**  **年 月 日** | | | | | | | | | | | | |
| **江苏省医师协会推荐意见** | | **（盖章）**  **年 月 日** | | | | | | | | | | | | |