2025年中医药（民族医药）尖端人才培养项目推荐人员汇总表

推荐单位（盖章）

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| **序号** | **姓名** | **性别** | **民族** | **出生日期** | **职称** | **单位** | **专业** | **主要研究方向** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |  |
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注：此表请同时报送Word版。