附件2

2016年基层传统医学师承集中理论学习报名汇总表

市卫生计生局（委）/中医药管理局（公章） 填表日期： 年 月 日

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| **序号** | **继承人** | | | | | | **指导老师** | |
| **姓 名** | **性别** | **出生年月** | **学历** | **家庭地址** | **联系电话** | **姓 名** | **工作单位** |
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联系人： 联系电话：