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| 附件2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  药学专业（非临床单位）高级职称评委库评委委员推荐花名册 |
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| 填报单位： |  |  |  | 填报日期： |  | 审核人： |  |  | 联系电话： |
| 序号 | 姓名 | 身份证号 | 性别 | 出生年月 | 民族 | 工作单位及职务 | 手机号码 | 现专业技术职称 | 资格取得时间 | 现职聘任累计年限 | 学科组 |
| 系列 | 等级 | 名称 | 从事专业 |
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注：学科组分“药学”和“中药学”。