**第二届** **“山西医师奖”候选人推荐表（2019）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | **民族** |  | **出生日期** | | | |  | | **粘贴彩色**  **照片一张** |
| **职称** |  | | | **专业** |  | | **学位** | |  | | **学历** |  |
| **执业证号(必填)** | |  | | | **身份证号**  **（必填）** | |  | | | | | |
| **工作单位及职务** | |  | | | | | | **邮编** | |  | | |
| **工作单位地址** | |  | | | | | | **电话** | |  | | | |
| **手机** | |  | | | |
| **Email** | |  | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | |
| **何时何地受过何种奖励和处分** |  | | | | | | | | | | | | |
| **分支机构推荐意见** | | **分支机构负责人签字**  **年    月    日** | | | | | | | | | | | |
| **所在单位**  **推荐意见** | | **所在单位（盖章）**  **年    月    日** | | | | | | | | | | | |

注：如推荐单位为分支机构，需分支机构负责人签字后加盖所在单位红章；如推荐单位即为

所在单位，只需所在单位盖章即可。

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| **主要先进事迹（不超过300字）** |
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| **先进事迹及贡献（不超过1500字）** |
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