附件2

北海市中医医院专家学术经验继承工作继承人申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | 出生年月 | | | |  | | 学历 | |  | | 民族 | | |  |
| 身份证号码 | | | |  | | | | | | | | | | | | | | | | |
| 何时毕业于何校何专业 | | | | | | |  | | | | | | | | | | | | | |
| 专业技术职务 | | | |  | | | 现职称  受聘时间 | | | |  | | | | | 行政职务 | | |  | |
| 学科专业 | |  | | | | | | 何时从事本专业工作 | | | | | | | |  | | | | |
| 专业特长 | |  | | | | | | | | | | | | | | 身体状况 | | |  | |
| 工作单位 | |  | | | | | | | 邮政编码 | | |  | | 单位电话 | | | |  | | |
| 家庭住址 | |  | | | | | | | | | | 住宅电话或手机 | | | | | |  | | |
| 指导老师姓名 | | |  | | | 身份证号码 | | | |  | | | | | | | | | | |
| 个人简历： | | | | | | | | | | | | | | | | | | | | |
| 申请从事继承学习的理由、要求（明确提出作为哪位指导老师的继承人）：  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 指导老师意见（明确是否同意带该继承人）：  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 单位意见：  （单位盖章）  负责人（签章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | |