附件2：

**临沂市中医药技术骨干项目申报人员汇总表**

**县区卫计局（签章）：**

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| **序号** | **姓名** | **性别** | **年龄** | **职称** | **学历** | **专业专长** | **工作单位** | **申请指导老师姓名** | **申请学习时间** |
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