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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **出生年月** |  | **性别** |  | **政治面貌** |  |
| **籍贯** |  | | **民族** | |  | | |
| **职称** |  | **职务** |  | | | **学历** |  |
| **工作单位** |  | | | | | | |
| **毕业院校及专业** |  | | | | | **毕业时间** |  |
| **工作简历** |  | | | | | | |
| **联系电话/手机** |  | | | **Email** |  | | |
| **通讯地址与邮编** |  | | | | | | |
| **单位推荐意见** |  | | | | | | |
| **山西省中医药学会意见** |  | | | | | | |

**山西省中医药学会少儿推拿专业委员会委员登记表**