**河南省药学会 理事候选人 推荐表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | |  | | 民族 | | |  | | | | 出生年月 | | | | |  | | |
| 籍贯 | |  | | | | | | | | | 党派 | |  | | | | | | | | | 专业 | |  |
| 工作单位 | | |  | | | | | | | | | | | | | | | | | | | 职务 | |  |
| 通讯地址 | | |  | | | | | | | | | | | | | | | | | | | 邮政编码 | |  |
| 毕业院校 | | |  | | | | | | | | | | | | | | | | | | | 最高学历 | |  |
| 专业技术职称 | | |  | | | | | | | | | 手机号码 | | | | | | |  | | | | | |
| 办公电话 | | |  | | | | | | | | | 邮箱 | | | | | | |  | | | | | |
| 是否河南省药学会会员 | | | | |  | | 是否河南省药学会  专业委员会委员，何专业 | | | | | | | | | | | |  | | | | | |
| 人大代表（省）  （市） | | | |  | | | | | 政协委员（省）（市） | | | | | | |  | | | | | 其它 | |  | |
| 享受政府  特殊津贴 |  | | | | | | | | | | | | | 国家级突出  贡献专家 | | | | | |  | | | | |
| 主  要  工  作  经  历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 推  荐  单  位  意  见 | 日期（盖章） | | | | | | | | | | | | | | 学  会  意  见 | | | 日期（盖章） | | | | | | |

**填表说明：**表内各项内容请逐项填写（或打印），盖单位公章，寄至河南省郑州市金水路96号606室，同时上传电子版推荐表发至学会邮箱：[hnsyxh2015@163.com](mailto:hnsyxh2015@163.com)

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