**天津市医学会拟组建专科分会登记申请表**

填表人：

填表日期：

|  |  |
| --- | --- |
| **拟建专科分会名称** |  |
| **联系电话** |  |
| **拟任主委** |  | **出生日期** |  | **性别** |  | **民族** |  |
| **学历** |  | **职称** |  | **职务** |  |
| **工作单位** |  | **电子邮箱** | **Z** |
| **政治面目** |  | **身份证号** |  | **本人签字** |  |
| **负责人简历** |
| **时 间** | **单 位** | **职 务** |
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| **其他社会****职务** |  |
| **本专业研究成果及著作** |  |
| **申请成立专科分会的必要性：** |

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| **专科分会主要发起人（简介可另附）****（请在下栏加盖发起人所在单位人事章）** |
| **姓名** | **性别** | **党派** | **年龄** | **单位** | **职称** | **职务** | **社会任职** |
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| **拟组建专科分会基本构架（名单见附件1）** |
| **本市从事本学科专业队伍分布情况（见附件2）** |
| **专科分会拟挂靠单位意见****（印章）** **年 月 日** | **天津市医学会审查意见****（印章）****经办人： 年 月 日** |

**附件1 拟组建专科分会人员名单**

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|  | **姓名** | **性别** | **党派** | **年龄** | **单位** | **职称** | **职务** | **电话** |
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**（此表可复制）**

**附件2 本市本学科专业队伍分布情况**

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| **单位** | **从业人员数量** | **所在科室** | **职称情况** | **学历情况** | **会员人数** |
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**（此表可复制）**