附件8

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| 2025年传统医学医术确有专长考核报名人员信息表 | | | | | | | | |
| 填报日期： 年 月 日 | | | | | | | | |
| **序号** | **地区** | **姓名** | **性别** | **出生日期** | **身份证号码** | **联系电话** | **专业** | **确有专长名称** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| ....... | | | | | | | | |