附件2

福建省基本公共卫生服务项目专家推荐汇总表

推荐单位（公章）： 填报日期: 年 月 日

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| 序号 | 工作单位 | 所属  领域 | 姓名 | 性别 | 身份证号码 | 学历 | 专业技术职务 | 行政  职务 | 手机 | E－mail |
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