附件2

自治区药品监督管理局外聘专家推荐汇总表

推荐单位（盖章）： 年 月 日

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| 序号 | 姓名 | 性别 | 年龄 | 工作部门 | 职务/职称 | 最高学历 | 联系电话 | 所在城市 | 拟聘专家类别 | 备注 |
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填表人： 联系电话：