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| **药物研发专业委员会选聘申报汇总表** | | | | | | | |
| 推荐单位：(盖章) | |  |  | 单位联系人： |  | 联系电话： |  |
| 序号 | 姓名 | 性别 | 工作单位 | 联系地址 | 联系电话 | 电子邮件 | 备注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |