**附件：**

**抗癫痫领域专家推荐（自荐）表**​

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** |  | | **出生年月** |  | **(照片)** |
| **民族** |  | | **籍贯** |  | | **参加工作**  **时间** |  |
| **政治 面貌** |  | | **学历** |  | | **学位** |  |
| **单位** |  | | | | | **科室** |  |
| **职务** |  | **职称** | | |  | **联系方式** |  | |
| **个**  **人**  **简**  **历** |  | | | | | | | |
| **事**  **业**  **贡**  **献**  **方 面** |  | | | | | | | |
| **行业影响力和社会任职** |  | | | | | | | |
| **学术**  **水平** |  | | | | | | | |
| **科研**  **业绩** |  | | | | | | | |
| **医德医风及其他特别说明** |  | | | | | | | |
| **推荐或自荐意见** | **推荐单位领导（或自荐人）签名：**  **推荐单位公章**    **(盖章)**  **年 月 日** | | | | | | | |