**第五届 (张涤生)中国整形外科优秀青年医师奖推荐表（自荐表）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** | | |  | **民族** |  | **出生日期** | | | |  | | 粘贴彩色照片一张 |
| **职称** | |  | | **国籍** | | |  | | **学位** | |  | | **学历** |  |
| **执业证号** |  | | | | | | | | | | | | | |
| **工作单位** |  | | | | | | | | | **邮编** | |  | | |
| **工作单位地址** |  | | | | | | | | | **电话** | |  | | | |
| **手机** | |  | | | |
| **Email** |  | | | | | | | | | | | | | | |
| **提名□     自荐□** | | | | | | | | | | | | | | | |
| **如为提名**  **提名人姓名及单位（学会）** | | | | |  | | | | | | | | | | |
| **被提名人简历** | |  | | | | | | | | | | | | | |
| **被提名人代表性成果及论著** | |  | | | | | | | | | | | | | |
| **提名人对被提名人的评价(或自荐人自我评价)** |  | | | | | | | | | | | | | | |

**提名人或自荐人（签字）**

**年   月   日**