**济宁医学院科学技术协会会员名单**

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| **序号** | **所在**  **单位** | **姓名** | **性别** | **民族** | **政治面貌** | **学历学位** | **职称** | **从事专业** |
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**济宁医学院科学技术协会会员登记表**

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| **姓 名** |  | | **性 别** | |  | | | | **出 生**  **年 月** |  | | | **民 族** | |  |
| **学 历**  **学 位** |  | | **职 称** | |  | | | | **从 事**  **专 业** |  | | | **政 治**  **面 貌** | |  |
| **单位与职务** | |  | | | | | **联系电话** | | | |  | | | | |
| **工**  **作**  **简**  **历** |  | | | | | | | | | | | | | | |
| **是否加入其他学会、研究会、科技团体** | | | | **名 称** | | | |  | | | |  | |  | |
| **职 务** | | | |  | | | |  | |  | |
| **申请人签名：** | | | | | | **学校科协审批意见：**  **盖章：**  **年 月 日** | | | | | | | | | |