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| **附件2** | |  |  | |  |  |  |  |  |  |  |  |
| **河北中医学院2019年拟推荐硕士研究生指导教师汇总表** | | | | | | | | | | | | |
| **二级单位： （盖章） 二级单位负责人签字：** | | | | | | | | | | | |  |
| **序号** | **姓名** | **性别** | **身份证号** | **所在单位** | | **所在部门/ 科室、职务** | **职称** | **最高学历学位、毕业时间、院校、专业** | **拟申请 一级学科** | **拟申请 二级学科及方向** | **手机号码** | **电子邮件** |
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