进 修 鉴 定 表

**姓名：**

**单位：**

**进修科目：**

**进修时限：**

**广州市第一人民医院**

**二零 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性 别** | |  | **年 龄** |  | | **籍 贯** | |  |
| **政 治 面 目** | | |  | | **学 历** | |  | | **职 称** | |  | |
| **自**  **我**  **鉴**  **定** |  | | | | | | | | | | | |
| **业**  **务**  **考**  **核**  **情**  **况** |  | | | | | | | | | | | |
| **科**  **室**  **鉴**  **定** |  | | | | | | | | | | | |
| **医**  **院**  **意**  **见** |  | | | | | | | | | | | |