中医培训报名表

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| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** |  | **个人照片** | |
| **民 族** |  | | **学 历** |  |
| **出生年月** |  | | **籍 贯** |  |
| **身 份**  **证 号** |  | | | | **联 系**  **电 话** |  |
| **残疾证号** | |  | | | | |
| **家庭住址** | |  | | | | |
| **兴趣爱好** | |  | | | | |
| **本人简历** | | | | | | |
|  | | | | | | |

填好表格后请发送至北京艺能爱心基金会邮箱: [enax@enax.org](mailto:enax@enax.org) 咨询电话：010-57173118