**附件**

科研项目申报培训班参会人员回执表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **科室** | **学位** | **班级** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**备注：班级可选①自然科学基金项目申报培训入门班；②自治区卫生健康委科研课题申报培训班。**