**附件3**

中国非公立医疗机构协会

投融资机构分会会员机构推荐代表信息登记表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** |  | | | **民 族** | |  | 照  片 |
| **出生年月** | |  | **身份证号** |  | | | | | |
| **学 历** | |  | **专 业** |  | | | **政治面貌** |  | |
| **所在机构** |  | | | | | | **职 务** | |  | |
| **技术职称** |  | | | | | **电子信箱** | |  | | |
| **联系电话** |  | | | | | **微信号** | |  | | |
| **其他社会职务** |  | | | | | | | | | |
| **本人主要简历、专业背景及主要业绩（可另附页）** | | | | | | | | | | |
| **本人签名** | | | | | **中国非公立医疗机构协会意见** | | | | | |
| **年 月 日** | | | | | **（印章）**  **年 月 日** | | | | | |

（此表可复制）