附件：

**第七届医学（医药）院校青年教师教学基本功比赛报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **学 校** |  | | | | | **院系（科）室** | | | | |  | | |
| **姓 名** |  | **性 别** | |  | | | | **出生日期** | | | |  | |
| **学历学位** |  | | | | **职称职务** | | | | |  | | | |
| **讲授课程** |  | | **讲授章节** | | |  | | | | | | | |
| **联系电话** |  | | | | **E-mail** | |  | | | | | | |
| **联系地址** |  | | | | | | | | **邮政编码** | | | |  |
| **简历及曾获奖励：** | | | | | | | | | | | | | |
| **推荐单位意见：**  推荐单位（章）：  年 月 日 | | | | | | | | | | | | | |

**第七届医学（医药）院校青年教师教学基本功比赛推荐单位联系人信息**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **学校** | **工作**  **部门** | **办公**  **电话** | **手机** | **E-mail** | **备注** |
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