**附件4**

**学科带头人信息表**

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| **所属医院** |  | | | | | |
| **一、基本情况** | | | | | | |
| **姓 名** |  | **性别** |  | **所在科室** |  | **照片**  **（**蓝底或白底证件照**）** |
| **所在专业** |  | | **职务/职称** |  | |
| **二、专家特长** | | | | | | |
|  | | | | | | |
| **三、社会任职** | | | | | | |
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| **四、详细介绍** | | | | | | |
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