**兰州大学第二医院临床内镜培训学员登记表**

**班期：**

**学号：                         省      市      县**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性 别** |  | **年龄** |  | | **照 片** |
| **出生日期** | |  | | **专业** |  | |
| **工作单位** | |  | | | | |
| **单位地址** | |  | | | | |
| **电子邮箱** | |  | | | | | |
| **移动电话** | |  | | **单位电话** | |  | |
| **职    务** | |  | | | | | |
| **身份证号** | |  | | | | | |
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