附件五：

**南京中医药大学第十九次研究生代表大会代表汇总表**

培养单位(盖章)： 填表人：

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| 序号 | 培养单位 | 学号 | 姓名 | 性别 | 民族 | 政治面貌 | 年级 | 硕/博士 | 现任职务 | 备注(是否是团长) |
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注：直属单位盖本单位党委公章，非直属单位由各培养单位审核后盖本单位（科教科或教育处等）公章。