附件2：

河南大学第一附属医院 年度培训计划申请表

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| 主管部门 |  | 培训负责人 | | |  |
| 培训名称 |  | | | | |
| 培训时间 |  | | 培训地点 | |  |
| 培训对象 |  | | 培训人数 | |  |
| 所需经费 |  | | 列支渠道 | |  |
| 培训目的 |  | | | | |
| 培训内容 |  | | | | |
| 主管院领导意见:  年 月 日 | | | | 总会计师意见:  年 月 日 | |
| 院长办公会或党委会研究批准情况: | | | | | |

件3：

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| 河南大学第一附属医院 年度培训计划汇总表 | | | | | | | | | | | |
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| 序号 | 科别 | 培训名称 | 培训目的 | 培训对象 | 培训内容 | 培训时间 | 培训地点 | 参训人数 | 所需经费 | 列支渠道 | 备注 |
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