**台灣男性學暨性醫學醫學會「男性學成就獎」推薦書**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **一、基本資料：** | | | | | | | |
| **被推薦人姓名** | **（中文正楷）：** | | | | | | |
| **性 別** |  | | **出生年月日** | |  | | |
| **籍 貫** |  | | | | | | |
| **通訊地址** | **郵遞區號** |  | |  | | | |
| **聯絡電話** | **(公)：**  **(宅)：** | | | **傳真** | | | **(公)：**  **(宅)：** |
| **E-Mail :** |  | | | | | | |
| **現 　職** |  | | | | | | |
| **學　 歷** |  | | | | | | |
| **經　 歷** |  | | | | | | |
| **推 薦 人**  **（共兩名）** | **1.姓名： (簽章)** | | | | | **2.姓名： (簽章)** | |
| **現職：** | | | | | **現職：** | |
| **二、具體事實：** | | | | | | | |
| **學術地位** |  | | | | | | |
| **社會貢獻** |  | | | | | | |
| **醫療貢獻** |  | | | | | | |
| **其　　他** |  | | | | | | |

**備註：本成就獎受理推薦日期：每年度一月一日至一月三十一日止。**