附件2：

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| **内蒙古自治区医用耗材阳光采购**  **补充报名申请表** | | | | | | | | | | | | | | |
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| 企业名称 | | （加盖企业公章） | | | | | | | | | | | 企业用户名 |  |
| 被授权人姓名 | |  | | | | 联系电话 | | | | |  | | 企业联系 电 话 |  |
| 被授权人  身份证号 | |  | | | | | | | | | | | 申请材料 页 数 | 共 页 |
| 申诉事项 | |  | | | | | | | | | | | | |
| 企业用户名 | | 企业名称 | | | | | 企业审核不通过原因 | | | | | | | |
|  | |  | | | | |  | | | | | | | |
| 产品编号 | | 通用名 | | | | | 剂型 | | | 规格 | | 产品审核不通过原因 | | |
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| 工商局 审核意见 | | 审核人签字： | | | | | | | | | | | | |
| 食药局 审核意见 | | 审核人签字： | | | | | | | | | | | | |
| 药采中心 意 见 | | 签字： | | | | | | | | | | | | |
| **注：**1.本表申请事项均有申请企业自行填写，针对审核不通过原因提供有效文件资料；资料逐页加盖企业公章。 | | | | | | | | | | | | | | |
| 2.本表请各企业自行填写打印后，由申请企业被授权人当面递交到内蒙古药品集中采购服务中心。 | | | | | | | | | | | | | | |