 附件2

**2016年度中医（全科）住院医师规范化培训学员报名汇总表**

所在区（市）或单位                                （盖章）

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| 姓名 | 性别 | 单 位 | 身份证号 | 毕业院校 | 学历 | 专业名称 | 招录专业 | 联系电话 |
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