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| **附件：** | | | | | | | | | |
| **2017年山西省住院医师规范化培训临床医学硕士专业学位研究生并轨登记表** | | | | | | | | | |
| 院校名称： (公章) 合计人数： 1 | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号码 | 培养基地名称 | 专业基地（科室）名称 | 毕业院校 | 培养专业 | 单位或户籍所在市 | 是/否有医师资格证 |
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| 负责人： 填表人： 填报时间： 年 月 日 | | | | | | | | | |

注：此表需同时上报Excel格式的电子版。