附件1

湖南省乡村医生本土化培养报名汇总表

填报单位（公章）：        填报人：           填报日期：2017年 月  日

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| **序号** | **姓  名** | **性别** | **年龄** | **学历** | **所在乡、村组** | **联系电话** |
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