**附件：**

单位委培住院医师报名汇总表

医院（公章）： 单位联系人： 联系电话 ： 电子邮箱： 填表日期：

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| **序号** | **培训专业名称** | **姓名** | **性****别** | **现从事****专业** | **身份证号码** | **毕业院校** | **学历** | **所学专业** | **毕业时间****（年月）** | **是否有医师****执业证** |
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