2018年度医师资格考试短线医学专业

加试考生信息汇总表

**考点（盖章）：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **考点**  **代码** | **姓名** | **身份证号** | **申报岗位** | **是否签署**  **考生承诺** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

经手人签字：

       日期：2018年  月  日