附件3

赴五省（市）参加住培代培报名汇总表

单位（盖章）：                      填报人：                 联系电话：

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| 序号 | 姓名 | 性 别 | 年龄 | 单位名称 | 身份证号 | 毕业院校 | 毕业年份 | 学历 | 学位 | 学位类型 | 毕业专业 | 是否取得执业医师资格证书 | 联系方式 | 培训专业 | 意向省市 |
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注：参加中医类别代培的只能选择北京或上海。