附件3

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| 贺州市人民医院临床医师投档信息表 | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 出生 年月 | 民族 | 政治面貌 | 身高 | 生源 | 毕业学校 | 毕业 时间 | 专业 | 学历 | 学位 | 英语级别 | 联系电话 | 意向科室 | 职称、规培地点 | 现工作单位 | 备注 |
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