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| 附件3  玉州区乡村医生聘用人员信息表 | | | | | | | | | | | | |
| 序号 | 所属乡镇卫生院 | 村卫生室名称 | 服务人口数 | 聘用村医数 | 聘用人员基本情况 | | | | | | | 是否聘为负责人 |
| 姓名 | 性别 | 年龄 | 学历 | 执有何种执业资格证 | 联系电话 | 身份证号码 |
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