附件1：

**凤庆县人民医院2023年暑假见习学生报名表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 学校 | 专业 | 学历 | 联系电话 | 见习科室 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |