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| 附件 3 | | | | | | | | | | | | | | | |
| **2024年巨野县中医医院第二次引进急需紧缺专业人才报名汇总表** | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号 | 籍贯 | 研究生 | | | 本科 | | | 报考岗位 | 执业（资格） | 取得时间 | 联系电话 | 备注 |
| 毕业时间 | 毕业学校 | 专业 | 毕业时间 | 毕业学校 | 专业 |
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