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| **附件2：连云港市第二人民医院住院医师规范化培训单位委托培养报名情况汇总表** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **委托培训单位（公章）： 填报人： 联系方式： 填报时间： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **身份证号** | **毕业院校** | **毕业年份** | **毕业证书编号** | **学历** | **学位** | **学位类型（科学/专业）** | **毕业专业** | **工作单位** | **单位级别** | **培训专业** | **往届/应届** | **是否取得执业医师资格** | **取得执业医师资格时间** | **执业医师资格证号** | **执业证号** | **执业类别** | **执业范围** | **邮箱** | **联系方式** | **QQ号** | **参培年份** | **银行** | **银行卡号** |
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