附件2：**淮安市中医院2023年中医住院医师规范化培训单位委托培训学员报名汇总表**

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| 填报单位（盖章）: 填报人： 联系方式： | | | | | | | | | |  |  |
| **序号** | **姓名** | **性别** | **出生** | **民族** | **身份证号码** | **联系方式** | **毕业院校及专业** | **毕业时间** | **最高** | **所在单位** | | | **备注** |
| **年月** | **学历** |
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