附件2 2024年泰州市中医院规培招录报名人员名册

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| 填报单位（盖章）: 填报人： | | | | | | | | | 联系电话： | | | | | | | |
| 编号 | 姓名 | 性别 | 出生  年月 | 民族 | 身份证号码 | 联系方式 | 毕业院校  及专业 | 毕业  时间 | 最高  学历 | 最高学位类型（专业型/科学型） | 派出单位  （限“单位人”填写） | 培训专业（中医/中医全科/助理全科） | 拟培训方向（需明确到三级分科） | 是否取得医师资格证书 | 医师资格证书取得时间 | 是否是党员 |
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