附件3

**2017年中医住院医师规范化培训报名汇总表**

**汇总单位： （盖章）**

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| 序号 | 姓 名 | 性别 | 年龄 | 工作单位 | 联系电话 | 执业类别 | 学历 | 申报专业（中医/全科） | 拟申报基地 | 备注 |
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