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| **附件1：2020年杭州市第七人民医院住院医师规范化培训报名汇总表** |
| **单位名称（盖章）：** |  |  |  |  |  |  |  |  |  |  |  |  |
| 序号 | 姓名 | 性别 | 身份证件号码 | 手机号 | 往届/应届 | 培训专业 | 是否通过全国医师资格考试 | 毕业学校 | 毕业专业 | 毕业年份 | 学历 | 学位 |
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