附件：

四川省医学科学院·四川省人民医院

**2020**年度住院医师规范化培训学员招收单位委培报名汇总表

医院（公章）： 单位联系人： 联系电话 ： 电子邮箱： 填表日期：

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| **序号** | **培训专业名称** | **姓名** | **性别** | **现从事专业** | **身份证号码** | **毕业院校** | **学历** | **所学专业** | **毕业时间****（年月）** | **是否有医师资格证** |
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| **合计** |  |  |  |  |  |  |  |  |  |  |

备注：若此表一页不够，可复制；招收专业详见2020年学员招收简章。