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：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **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。