附件2：

**成都总医院2018年住院医师规范化培训单位委培住院医师报名汇总表**

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

备注：若内容较多，此表自行可复制，我院24个国家住院医师规范化培训基地专业具体请参阅2018年招生简章。