附件7

**2019年山西省中医住院医师规范化培训拟录取学员汇总表**

**填报单位： （公章） 合计人数： 人 核定招生人数： 人**

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| **序号** | **姓 名** | **性别** | **招录基地** | **招录专业** | **学员身份（单位人、社会人、免费生）** | **所在市** | **所在县(市、区)** | **所在县（市、区）是否为贫困县）** | **委培单位** |
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注：此表需同时上报Excel格式的电子版