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| 广东省医师资格考试报名人员试用备案汇总表（医疗机构填报） | | | | | | | | | | | | | |
| 本单位试用人员共 人 医疗机构名称(盖章): 日期: 年 月 日 | | | | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **出生 日期** | **身份证号** | **毕业学校** | **专业** | **毕业证编号** | **岗位类别** | | | | **试用时间** | |
| 临床 | 口腔 | 公卫 | 中医 | 起始时间 (年/月/日） | 拟终止时间 (年/月/日） |
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附件：