附件2

2019年重庆市住院医师规范化培训

结业考核学员报名汇总表

基地医院：（盖章）

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| **序号** | **姓名** | **身份证号码** | **执医证书编号** | **学历** | **培训专业** | **报考专业** | **培训起止时间** |
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