**住院医师规范化培训社会人信息表（西医类）**

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| **序号** | **专业基地** | **姓 名** | **性别** | **身份证号码** | **毕业院校** | **学历** | **毕业专业** | **研究生**  **（专业学位/科学学位）** | **毕业时间** | | | **英语水平** | | **是/否有医师资格证** | | **移动电话** | |
| **年** | **月** |  | |  | |  | |
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