附件4

吉林省2022年助理全科医生培训拟录取学员汇总表

培训基地（盖章）：

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| 序号 | 姓名 | 性别 | 身份证号 | 手机号 | 最高学历 | 人员属性 | 工作单位（单位人填写） |
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