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| 附件1： |
| **2021年度执业医师资格考试审核花名册（助理）** |
| 填报单位： 填报人： 填报时间：  |
| 序号 | 专业代码 | 工作单位 | 姓名 | 联系电话 | 身份证号码 | 报考级别 | 报考专业 | 报考科目 | 备注 |
| 基础 | 实践 |
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| 附件2**： 2021年度执业医师资格考试审核花名册（执业）** |
| 填报单位： 填报人： 填报时间：  |
| 序号 | 专业代码 | 工作单位 | 姓名 | 联系电话 | 身份证号码 | 报考级别 | 报考专业 | 报考科目 | 备注 |
| 基础 | 相关 | 专业 | 实践 |
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