附件2：**淮安市中医院中医住院医师规范化培训单位委托培训学员报名汇总表**

|  |  |  |
| --- | --- | --- |
| 填报单位（盖章）: 填报人： 联系方式： |  |  |
| **序号** | **姓名** | **性别** | **出生** | **民族** | **身份证号码** | **联系方式** | **毕业院校及专业** | **毕业时间** | **最高** | **所在单位** | **备注** |
| **年月** | **学历** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |