附件2

**2020年医师资格考试报名汇总表**

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| **序号** | **单位** | **姓名** | **毕业院校** | **毕业时间** | **报考类别** | **报考级别** | **电话** | **备注** |
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**注：各单位报名时需报送报名表纸质版（加盖公章），同时报送电子版（Excel表格）。**