|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2： |  |  |  |  |  |  |  |  |  |  |  |  |
| **江阴市人民医院2022年住院医师规范化培训单位委托培养学员报名情况采集表** | | | | | | | | | | | | |
| 单位(盖章)： 填表人 年 月 日 | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 拟培训专业 | 身份证号码 | 手机号码 | 毕业时间 | 学历 | 所学专业 | 学位(专业型/学术型） | 执业证书编号 | 邮箱 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |