2018年度医师资格考试短线医学专业

加试考生信息汇总表

**报名点（盖章）：**

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| **序号** | **考点**  **代码** | **姓名** | **身份证号** | **申报岗位** | **是否签署**  **考生承诺** |
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经手人签字：

       日期：2018年  月  日