附件3

2017年广西艰苦边远地区特岗全科医生

通过审查人员汇总表

单位盖章： 填表日期：

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| 县名 | 拟招聘人数 | 报名人数 | 执业（助理）医师 | 备注 |
| 姓名 | 取得执业医师证时间 | 执业类别 |
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单位负责人： 填表人：