2021年度医师资格考试短线医学专业

加试考生信息汇总表

**考点（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：2021年 月 日