**附件1**

**广东省医师资格考试报名人员试用备案汇总表(医疗机构填报)**

本单位试用人员共 人 医疗机构名称(盖章): 日期： 年 月 日

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| 序号 | 姓名 | 性别 | 出生  日期 | **身份证号** | 毕业学校 | 专业 | **毕业证编号** | **岗位类别** | | | | **试用时间** | |
| 临床 | 口腔 | 公卫 | 中医 | 起始时间  (年/月/日) | 拟终止时间 (年/月/日) |
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