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| **附件3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **高州市人民医院长坡分院招聘专业技术人员报名情况汇总表** | | | | | | | | | | | | | | |
| **姓名** | **性别** | **出生年月** | **身份证号码** | **籍贯** | **学历** | **学位** | **毕业时间** | **毕业院校** | **所学专业** | **现专业技术职称名称及取得时间** | **现工作单位** | **报考岗位** | **职位 代码** | **联系电话** |
| 例：张XX | 男 | 1990.02 | XXXXXXXXXXXXXXXXXX | 广东 高州 | 本科 | 学士 | 2016.07 | 广东医科大学 | 临床医学 | 2015.12医师 | 2016.07至现在在XXXX工作 | 感染内科医师 | 18006 | 13555555555 |
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