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| **附件2**  ＿＿＿＿市（单位）第三届三秦最美医务工作者推荐汇总表 | | | | | | | | | | | | |
| **填报单位： 填报人：** | | | | | | **联系电话：** | | | | | | |
| 序号 | 工作单位 | 姓 名 | 性别 | 出生年月 | 政治面貌 | 学历 | 职称 | 参加工作时间 | 毕业学校 | 现在岗位 | 备注 |  |
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注：此表由各市卫生健康部门、委直委管单位填报。