**附件5**

**安徽省教育工会高校附属医院**

**青年医师临床技能竞赛决赛报名表**

单位名称：

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| 领队姓名：  职 务： 联系方式： | | | | | | |
| 选手情况 | | | | | | |
| 姓名 | 性别 | 年龄 | 职称 | 工作年限 | 身份证号码 | 手机号码 |
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