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| 附件3 | |  |  |  |  |
| 卫生专业技术资格考试报名审核汇总表 | | | | | |
| 考点（盖章）：            报考级别：                     年    月    日 | | | | | |
| **序号** | **单位名称** | **姓名** | **报考级别** | **报考专业** | **备注** |
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| 注：此表按中级、师级、士级分页填写，可从考务系统导出考生信息一览表后编辑。 | | | | | |
| 卫生计生行政部门审核意见（盖章）：                                                 人力资源和社会保障（职改）部门审核意见（盖章）： | | | | | |
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