附件4：

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| 基层卫生骨干人才基本情况表 | | | | | | | | | | |
| 镇（区）卫生院 填报人： 填表日期： 年 月 日 | | | | | | | | | | |
| 辖市（区）名称 | 姓 名 | 单位名称 | 性别 | 年龄（岁） | 第一学历 | 最高学历 | 技术职称 | 执业资质 | 执业类别 | 累计基层工作年限（年） |
| 溧阳市 |  |  |  |  |  |  |  |  |  |  |
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