附件3

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| 2021年农村订单定向医学生征集志愿学生名单 | | | | | | | | | |
| **填报单位（单位盖章）：** | | | | **填报人：** | | **联系方式：** | | **填报时间：** | |  |
| 序号 | 姓 名 | 性别 | 身份证号 | 生源地 | 现在就读专业 | 转入专业 | 联系电话 | 定向单位 | 备注 |
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