附件4

 2020年遵义市传统医学确有专长考生汇总表

单位（盖章）：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生日期 | 身份证号 | 技术专长 | 单位 | 电话 |
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