附件4

**简易程序执业5-12年人员导入汇总表**

**单位（盖章）：**

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| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 手机号码 | 单位 | 申请理由 |
| 1 | 张三 | 130323xxxxxx830000 | 130060xxxxxx | xx市人民医院 | 援外 |
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注：此表需使用excel表填写。