**附件：《2025年全科医学教育教学能力内涵提升培训班报名回执》**

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| **姓名** | **性别** | **民族** | **政治面貌** | **身份证号码** | **职务/职称** | **联系电话** | **邮箱** |
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|  |  |  |  |  |  |  |  |
| **单位名称** |  | | | | | | |
| **纳税人识别号** |  | | | | | | |

注：此表可复制填写。