附件5

派驻人员基本信息表

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| 序号 | 受援县级医院 | 姓名 | 性别 | 身份证号 | 政治面貌 | 所属三级医院 | 原单位职务/职称 | 原单位科室/部门 | 专业/方向 | 学历 | 手机号 | 派驻起止日期（xx年xx月-xx年xx月） | 备注 |
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