附件5

云县2025年申请选聘回原云县工作校医报名信息汇总表

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| **序号** | **姓名** | **性别** | **出生年月** | **参加工作时间** | **学历** | **毕业学校** | **专业** | **现工作单位** | **现工作岗位** | **申请岗位** | **联系电话** | **备注** |
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