附件4

2024年度湖北省农村订单定向免费医学生信息汇总表

填报单位（签章）： 填表人： 填表时间：

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| 序号 | 考生信息 | | | | 父亲（母亲）或法定监护人信息 | | | 户籍县 | 家庭住址 | 联系电话 | 首选科目 | 再选科目 |
| 报名号 | 姓名 | 性别 | 身份证号 | 姓名 | 性别 | 身份证号 |
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注：本表格供县（市、区）、市（州）卫生健康行政部门使用