附件3

2024年自治区传统医学师承人员出师考核

已缴费考生信息汇总表

填报单位：XX地（州、市）卫生健康委

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| **序号** | **姓 名** | **单位名称** | **联系电话** | **金额（元）** |
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|  | **合计（元）** | | |  |