|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |
| 孝义市2025年度医师资格考试报名花名表 |
| 单位： |  |  |  |  |  |
| **序号** | **姓名** | **身份证号** | **类别****代码** | **试用期单位** | **联系电话** | **实践费用** | **笔试费用** | **加试费用** | **总费用** | **新\历史** | **备注** |
| 1 | 朱xx | 142301xxxxxxxxxxxx | 110 | 与公章一致 | 1xxxxxxxxxx | 259 | 336 | 0 | 595 | 新考生 |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |