附件1

杭州师范大学医学部2021届毕业生医学类专场招聘会组团报名回执

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| 组团单位 |  | | | | | 申请展位数 |  | |
| 单位地址 |  | | | | | 联系电话 |  | |
| 联 系 人 |  | | | | | 手机号码 |  | |
| 联系人邮箱 |  | | | | | 联系人QQ |  | |
| 参展单位及人才需求信息(可附页) | | | | | | | | |
| **参展单位名称** | | **招聘岗位** | **招聘人数** | **专业要求** | **学历要求** | | | **备注** |
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