**杭州医学院港澳台学生情况调查表**

学院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表时间：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 姓名 | 国籍/地区 | 护照号码/台胞证号码  /居民身份证号码 | 性别 | 年龄 | 所在专业和班级 | 入学时间 |
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