附件 3

\_\_\_\_\_\_\_\_\_\_\_\_\_职工花名册（零售药店）

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| 职工姓名 | 身份证号 | 性别 | 职工类别 | 药师类别 | 执业地点 | 所学专业 | 行政职务 | 备注 |
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填表说明：提交社会保险缴纳证明。药师类别分为执业药师、从业药师。相应人员近 3 个月银行工 资流水复印件或网银截图须留存备查。