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| 姓 名 |  | | | 性别 | |  | | 出生年月 | | |  | | | 相  片 |
| 政治面貌 | | |  | 身份证号 | | |  | | | | | | |
| 学 历 | | |  | 毕业院校  及专业 | | |  | | 服役年限 | | |  | |
| 执业资格 | | |  | | | | 职称 | |  | | | | | |
| 联系电话 | | |  | | | | 家庭住址 | |  | | | | | |
| 简  历 | |  | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | 与本人关系 | | | 姓 名 | | 年龄 | 政治面貌 | | 户籍 | | | 工作单位及职务 | |
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| **承诺：**  **本人保证以上所填资料属实，如果提供虚假资料，本人愿意放弃录取资格。**  **承诺人签名：  时间：** | | | | | | | | | | | | | | |
| 资格审查  情况 | | | **审查人员签名：** | | | | | | | | | | | |