附件2

**赤峰市艰苦边远地区特岗全科医生考试报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申报旗县： | | | | | | | | | 申报专业岗位： | | | | | | | | | |
| 姓  名 | |  | | | 性别 | | |  | 出生日期 | | |  | | | 民族 | |  | 贴照片 |
| 参加工作时间 | |  | | | | | | | 身体状况 | | |  | | | 身高 | |  |
| 政治面貌 | |  | | 身份证号 | | | | |  | | | | | | | | |
| 联系电话 | |  | | | | | | | 电子邮箱 | | | |  | | | | |
| 出生地 | |  | | | | | | | 现户籍地 | | | |  | | | | |  |
| 学历、毕业院校、专业及时间 | | 全日制教育 | | | |  | | | | | | | | | | | | |
| 在 职 教育 | | | |  | | | | | | | | | | | | |
| **是否**在二级以上医院从事临床工作2年以上经历 | | | | | | | | | | |  | | | | | | | |
| 专业技术资格 | | |  | | | | | | | 取得时间 | | | |  | | | | |
| 执业资格 | | |  | | | | | | | 取得时间 | | | |  | | | | |
| 注册类别专业 | | |  | | | | | | | 注册时间 | | | |  | | | | |
| 全科或助理全科医师合格证 | | | | | | |  | | | | | | | 取得时间 | |  | | |
| 学习简历 |  | | | | | | | | | | | | | | | | | |
| 工作简历 |  | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

本人签名：