附件2

2019年博白县公开招聘特设岗位全科医生报名登记表

**报考派驻卫生院名称：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.个人基本信息** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | | | 性 别 | | | |  | | | | | | | | 相  片 | | |
| 出生年月 | | |  | | | | | | 民 族 | | | |  | | | | | | | |
| 籍 贯 | | |  | | | | | | 政治面貌 | | | |  | | | | | | | |
| 学 历 | | |  | | | | | | 学 位 | | | |  | | | | | | | |
| 专业技术资格 | | |  | | | | | | 婚姻状况 | | | |  | | | | | | | |
| 身份证号 | | |  | | | | | | | | | | | | | | | | | |
| 家庭详细地址 | | |  | | | | | | | | | | | | | 户籍所在地 | | | | |  | | |
| 联系电话 | | |  | | | | | 是否服从调剂 | | | | | | | |  | | | | | | | |
| 邮政编码 | | |  | | | | | 档案保管单位 | | | | | | | |  | | | | | | | |
| **2.执业（助理）医师资格相关信息** | | | | | | | | | | | | | | | | | | | | | | | |
| 医师资格证书编码 | | | | |  | | | | | | | | | | | | | 发证时间 | | | |  | |
| 执业类别及范围 | | | | | □临床类别全科医学专业 □临床类别内科专业  □中医类别全科医学专业 □中医类别中医专业  □其他：请注明: | | | | | | | | | | | | | | | | | | |
| 受聘前是否注册执业 | | | | | □是 □否 | | | | | | | | | | | | | | | | | | |
| 医师执业证书编码 | | | | |  | | | | | | | | | | 发证时间 | | | | |  | | | |
| 执业地点 | | | | |  | | | | | | | | | | 执业范围 | | | | |  | | | |
| **3.教育培训情况(从中专填起,含进修和培训)** | | | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | | 终止年月 | | | | | 学校名称 | | | | | | | | | | 专业 | | | | | | 学历学位 |
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| **4.是否参加过省级卫生行政部门（含中医药管理部门）组织的全科医生规范化培养、转岗培训或者岗位培训** | | | | | | | | | | | | | | | | | | | | | | | □是  □否 |
| 考核是否合格 | | | | | | | | | | | □是 □否 | | | | | | | | | | | | |
| **5.工作经历** | | | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | 终止年月 | | | | | 工作单位 | | | | | | | | | | | | | 职称 | | | | 从事专业 |
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| **6.家庭成员及社会关系情况** | 称谓 | | | 姓名 | | | | | | 出生年月 | | 政治面貌 | | | | | | | 工作单位及职务 | | | | |
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| **7.**  承  诺 | **本人承诺：**以上提供的个人信息及相关证明材料均真实、准确，对提供有关信息、证件不实或违反有关规定造成的后果，本人愿意承担相关责任。  报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查  情况 | 初审签名：  年 月 日 | | | | | | | | | | | | | 复审签名：  年 月 日 | | | | | | | | | |