附件：

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| 姓 名 |  | 性别 | |  | | 民族 | | |  | | | 出生  日期 | |  | | 近期1寸免冠彩色照片 |
| 籍 贯 |  | 政治  面貌 | |  | | | | | 身体 状况 | | |  | | | |
| 身份证号 |  | | | | | | | | 婚姻 状况 | | |  | | | |
| 联系方式（手机） |  | | | 电子  邮箱 | | |  | | | | | 档案存放单位 | | | |  |
| 学习经历（自高中起填写） | 起止时间 | | 院校 | | | | | | | 专业 | | | | | 学位/学历 | |
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| 工作经历 | 起止时间 | | 单位名称 | | | | | | | 职务/职称 | | | | | 工作内容 | |
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| 社 保  缴 纳  情 况 | 起止时间 | | | | 保险名称 | | | | | | | | 参保机构 | | | |
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|  | | | |  | | | | | | | |  | | | |
| 近5年内受过的奖励或处分 |  | | | | | | | | | | | | | | | |
| 用人部门审核意见 | 年 月 日 | | | | | | | 学院审核意见 | | | 年 月 日 | | | | | |

郑州职业技术学院2020年医生招聘报名登记表