附件

大渡口区卫生健康委员会

非公企业和社会组织党建工作指导员报名表

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| --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性 别 |  | 出生年月 |  | 相片 |
| 民 族 |  | 籍 贯 |  | 出 生 地 |  |
| 入 党时 间 |  | 参加工作时间 |  | 健康状况 |  |
| 专业技术职务 |  | 熟悉专业有何特长 |  |
| 学 历 | 全日制教  育 |  | 毕业院校系及专业 |  |
| 身份证号码 |  |
| 户籍所在地 |  |
| 现居住地 |  |
| 联系电话 |  |

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| 简历 |

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