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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |