附件

**2020年商丘市选拔聘用特岗全科医生报名表**

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| 序号 | 姓 名 | 性别 | 出生年月(\*) | 籍贯 | 民族 | 学历 | 原工作单位 | 招聘的县级公立医院（\*） | 派驻的乡镇卫生院 | 取得执业医师资格年月（\*） | 执业  类别 | 联系电话 | 备注 |
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