**附件2：**

**淮南市市属公立医院公开招聘硕士研究生报名表**

**岗位代码：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **身份证号码** | |  | | | | | | **照片** | | |
| **性别** |  | **民族** | |  | | **政治面貌** | |  | |
| **出生日期** |  | **现户口所在地** | | | |  | | | |
| **学历情况** | | | | | | | | | | | | |
| **第一学历**  **毕业院校及时间** |  | | **学历层次** | |  | | **专业** | |  | | **学位** |  |
| **研究生学历**  **毕业院校及时间** |  | | | | **专业** | |  | | | | **学位** |  |
| **专业技术职称** |  | | | | **执业资格** | | |  | | | | |
| **通讯地址** |  | | | | **联系电话（手机）** | | |  | | | | |
| **培养方式** |  | | | | **报考专业** | | |  | | | | |
| **学习及工作简历** |  | | | | | | | | | | | |
| **受过何种奖励**  **或处分** |  | | | | | | | | | | | |
| **诚信承诺意见** | **本人符合公告的报考条件，上述所填写的情况均真实、有效，若有虚假，责任自负。**  报考人签名: 年月日 | | | | | | | | | | | |
| **报名审核意见** |  | | | | | | | | | | | |