附件2:

南通市海门区2021年农村订单定向医学生定向招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | | 性别 | | |  | | | | 政治面貌 | | | | |  | | | | （照 片） |
| 身份证  号 码 | |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
| 定向培养院校 | | | | |  | | | | | | | | | | 学 历  （学 位） | | | | |  | | | |
| 毕业专业 | | | | |  | | | | | | | | | | 毕业时间 | | | | |  | | | |
| 户 籍  所在地 | | | | |  | | | | | | | | | | 联系电话 | | | | |  | | | |
| 家庭住址 | | | | | （邮编： ） | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | 起止年月 | | | | | | | 在何地、何单位、任何职 **（从高中开始填写）** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| **本人已知晓农村订单定向医学生定向招聘政策。本人承诺以上所填情况属实，如情况不符，同意不予聘用。**  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 区卫健委意见：    审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |