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| **附件2：**  **纳雍县中医医院2021年面向社会公开招聘编制外专业技术人员报名表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审核人： 复核人： 报名序号 ：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 姓 名 |  | | | 性 别 | | | |  | | 民族 | | |  | | | 婚育状况 | |  | | | | | | | 照片 | | | | | | |
| 政治面貌 |  | | | | | | 出生年月 | | | | | |  | | | 报考岗位 | |  | | | | | | |
| 籍贯 |  | | | | | | 毕业院校 | | | | | |  | | | | | | | | | | | |
| 毕业时间 |  | | | | | 专业 | | |  | | | | | | | | | 学历 | | |  | | | |
| 资格证书编号 |  | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | | | | | | | |
| 执业证号 | | | | | | |  | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | | | | | | | | 职称 | | | |  | | | | | | | | | |
| 身份证号 |  |  |  | |  | | |  | |  | |  | |  |  |  |  | |  |  | | |  |  | |  |  |  | |  | |
| 家庭成员及主要社会关系 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 工 作  及学习 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 报名信息确认 栏 | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | 考生签字： | | | | | | | | | | | | |  |
| 招聘领导审核 意见 见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **说明**：1.本表除“审核人”、“复核人”、“报名序号”、“招考领导小组审查意见”栏外，其余栏目均由报考人员填写； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.家庭成员及主要社会关系栏只填父母、配偶及子女； | | | | | | | | | | | | | | | | | | | | | |
| 3.学习简历栏从专业技术学历填起； | | | | | | | | | | | | | | | | | |
| 4.持有执业资格证者需填写资格证、执业证号。 | | | | | | | | | | | | | | | | | |