利川市民族中医院护理培训班报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | | |  | | | 出生年月 | | | |  | | | | | 照片 | | | |
| 政治面貌 |  | | | 民族 | | | |  | | | 籍贯 | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | 毕业时间 | | | |  | | | | |
| 专业 |  | | | | | | | | | | 全日制学历 | | | |  | | | | |
| 最高学历 |  | | | | | | | | | | 学位 | | | |  | | | | | | | | |
| 工作单位 |  | | | | | | | | | | 参加工作时间 | | | |  | | | | | | | | |
| 专业技术资格或执业资格 | | | | | | | |  | | | | | | | | | | | | | | | |
| 身份证号 |  |  |  | |  |  | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 通讯地址 |  | | | | | | | | | | 联系电话 | | | | 手机 | | |  | | | | | |
| 住宅电话 | | |  | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | |
| 我承诺：以上信息属实，若有不实，自愿取消考试资格。  报考人签名：  年 月 日 | | | | | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | |