附件2

盐城市大丰中医院公开选调卫生专业技术人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 身份证号 |  | | |  |  |  |  | |  |  | |  | |  |  |  | |  |  | |  |  |  |  |  |
| 籍贯 |  | 民族 |  | | 学历 | | |  | | | | | 学位 | | | | |  | | | | 照片 | | | | | | | | |
| 毕业院校 |  | | | | 毕业时间 | | | | | | |  | | | | | | | | | |
| 所学专业 |  | | | | 身体状况 | | | | | | |  | | | | | | | | | |
| 专业技术职称 |  | | | | 本人编制性质 | | | | | | |  | | | | | | | | | |
| 已考取有关资格 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 政治面貌 |  | | 婚否 | |  | | 报考岗位及代码 | | | | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | |
| 联系电话 |  | | |  | | | | | | | | | | | | 户籍所在地 | | | | | | | | |  | | | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作学习简历（自高中起，时间到月） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要科研成果（论文、著作等） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他须说明事项或要求 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。