**附件2：**

**遵义市汇川区人民医院2022年选拔学科带头人报名表**

**意向职位**：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | | | | | | 民族 |  | | 身高 | |  | |  |
| 出生年月 | |  | | | | | | 身份证号码 | | |  | | | | | |
| 政治面貌 | |  | | | 籍贯 | | |  | | | 户籍所在地 |  | | | | |
| 婚姻状况 | |  | | | | | | 联系电话 | | |  | | | | | |
| 联系地址 | |  | | | | | | | | | 健康状况 | |  | | | |
| 学历 | |  | | | | 学位 | | |  | | 所学专业 | |  | | | | |
| 毕业院校 | | | |  | | | | | | | 毕业时间 | |  | | | | |
| 专业技术职称资格名称 | | | | - | | | | | | | 专业技术职称取得时间 | | | - | | | |
| 具备何种从业资格 | | | |  | | | | | | | 执业医师执业范围 | | | - | | | |
| 规培合格证及取得时间 | | | | - | | | | | | | 是否与其他单位签有劳动合同 | | | | |  | |
| 个人学习  及工作简历  （自高中起） | | 起止时间 | | | | | 工作（学习）单位 | | | | 所从事工作 | | 证明人及电话 | | | | |
|  | | | | |  | | | |  | |  | | | | |
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|  | | | | |  | | | |  | |  | | | | |
| 报名  初审  意见 | | 审查人签字:  年月日 | | | | | | | | | 报名  复审  意见 | | 审查人签字：  年月日 | | | | |

**注：以上表格内容必须填写完整，请勿改动表格格式。**