**饶河县2023年招聘医务人员报名登记表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 民族 |  | | 贴好一寸照片 |
| 身份证号码 |  | | | | | |
| 执业医师  资格证号 |  | | | | | |
| 户籍所在地 |  | | | | | |
| 学历 | 毕业学校 | | | 所学专业 | | | 毕业时间 |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
| 简  历 |  | | | | | | |
| 联系电话 |  | | | 本人签字 | |  | |