**附件8**

**万盛经开区卫生事业单位考核招聘2023年毕业**

**定向公费医学生报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 身份证号 | | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 性别 | |  | 民族 | | |  | | | | | | | | | | | 相  片 | | | | | | | |
| 出生年月 | |  | 生源地 | | |  | | | | | | | | | | |
| 学历 | |  | 学位 | | |  | | | | | | | | | | |
| 所学专业 | |  | 政治面貌 | | |  | | | | | | | | | | |
| 毕业时间及 毕业院校 | |  | | | | | | | | | | | | | | |
| 报考单位 | |  | 报考岗位 |  | | | | | | | | | | | | |
| 联系电话 | |  | 通讯地址 |  | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历（从高中开始填写） |  | | | | | | | | | | | | | | | | | | | | | | | |
| **承诺** | | | | | | | | | | | | | | | | | | | | | | | | |
| 重庆市万盛经开区人力资源和社会保障局：  我郑重承诺，我填写的报名表信息和提交的报名材料是真实的，如填写的信息和提交的报名材料有虚假，自愿承担取消聘用资格的责任。  承诺人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | | | | | 复审意见 | | | | | | | | | | | | | | | | | | | |
| 经办人：　　　　　　年　　月　　日 | | | | | 经办人：　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | |

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填表说明：报考人员可提前打印本表，现场填报的请用钢笔、签字笔填写，字迹要清晰、工整。

**重庆市万盛经开区人力资源和社会保障局制**