三穗县乡村卫生服务一体化管理人员招聘考试登记表

填报单位： 填报时间：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序****号** | **姓名** | **性****别** | **年龄** | **出生年月** | **报考岗位** | **现职身份** | **是否****愿意****服从****调剂** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |

填报人： 审核人：