附件2

广西壮族自治区疾病预防控制中心

2024年公开招聘实名编制高层次人才报名表

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| 姓名 | |  | | | 性别 | | |  | | 民族 | | |  | | | 贴  相  片 | |
| 出生年月 | |  | | | 籍贯 | | |  | | 政治面貌 | | |  | | |
| 现户籍地 | | 省市（县） | | | | | | | | 婚姻状况 | | |  | | |
| 身份证号码 | |  | | | | | | | | 联系电话 | | |  | | |
| 通讯地址 | |  | | | | | | | | 邮编 | | |  | | |
| 毕业院校及专业  （最高学历） | 全日制  教育 | |  | | | | | | | | | | | 学历学位 | | |  |
| 在职  教育 | |  | | | | | | | | | | | 学历学位 | | |  |
| 外语水平 | |  | | | | | | | | | | | | | | | |
| 现工作单位 | |  | | | | | | | | 单位性质 | | |  | | | | |
| 专业技术  资格 | |  | | | | | | | | 取得时间 | | |  | | | | |
| 执业资格 | |  | | | | | | | | 执业证书编号 | | |  | | | | |
| 申报岗位 | |  | | | | | | | | | | | | | | | |
| 学习经历 | | 起止时间 | | | | | 院校名称（从本科阶段填起） | | | | | 专业 | | | 研究方向 | | |
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| 工作经历 | | 起止时间 | | | | | 所在单位 | | | | | | | | 从事的工作及职务 | | |
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| 主要工作成绩、荣誉及奖惩情况 | |  | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | | 称谓 | | 姓名 | | 年龄 | | | 政治面貌 | | 工作单位及职务 | | | | | | |
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| 本人  承诺 | | 本报名表所填内容正确无误，所提交的信息真实有效。如有  虚假，本人愿承担由此产生的一切后果。  本人签名：  年月日 | | | | | | | | | | | | | | | |
| 审核  意见 | | 审核人：审核日期：年月日 | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | |