附件2

**2024年宝应县卫生健康系统事业单位公开招聘大学生乡村医生报名信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 性别 | |  | | 民族 | | |  | | 出生  年月 |  | |  | |
| 身份证号 | | | |  | | | | | | | | | | | | |
| 政治  面貌 |  | | | | 学历 | |  | | | | | 毕业  时间 | |  | | |
| 学位 | |  | | | | |
| 毕业  院校 |  | | | | | | | | | | 所学  专业 | |  | | | |
| 报考单位代码 |  | | | | | 岗位代码 | |  | | | 执业  资格 | |  | | | | 生源地 |  |
| 家庭  地址 |  | | | | | | | | | | | | | | 手机 | |  | |
| QQ | |  | |
| 联系方式务必保持畅通，否则后果自负 | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | |
| 家庭成员 | | 姓名 | | | | 关系 | | | | 所在单位 | | | | | | 职务 | | |
|  | | | |  | | | |  | | | | | |  | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | |
| 本人特长 | |  | | | | | | | | | | | | | | | | |
| 资格审查 | | 审查人： 年 月 日 | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | |

填表人签字：