附件2

盐边县2024年直接考核招聘大学生乡村医生专业

技术人员报名信息表

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| 姓名 | |  | | | | 性别 | | |  | | 出生年月 | |  | 照 片 |
| 民族 | |  | | | | 籍贯 | | |  | | 出生地 | |  |
| 政治  面貌 | |  | | | | 入党  时间 | | |  | | 健康状况 | |  |
| 联系  电话 | |  | | | | | 电子邮箱 | | | |  | | | |
| 毕业院校 | | | |  | | | | | | | 学历 | |  | |
| 所学专业 | | | |  | | | | | | | 学位 | |  | |
| 身份证号码 | | | |  | | | | | | | 应聘岗位 | |  | |
| 本人详细住址及邮编 | | | |  | | | | | | | | | | |
| 拟注册村卫生室所在县（乡）和名称 | | | |  | | | | | | | | | | |
| 简  历  ︹  含  学  习  简  历  ︺ | |  | | | | | | | | | | | | |
| 奖  惩  情  况 | |  | | | | | | | | | | | | |
| 家  庭  主  要  成  员  及  重  要  社  会  关  系 | | 称 谓 | | 姓 名 | | | 出生  年月 | | 政治  面貌 | | 工作单位及职务或职称 | | | |
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| 持有证书情况 | |  | | | | | | | | | | | | |
| 资格审核结果及意见 | |  | | | | | | | | | | | | |

本人应确保所填内容的真实性，若确认无误，请签字确认：

注：本表请双面复印