附件4

泰州医药高新区（高港区）2024年基层医疗机构

定向招聘农村订单定向医学毕业生报名表

报名序号： （报考人员不填）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓　　名 |  | | 身份证号 | | | |  |  | |  |  |  | |  | |  | |  | | |  |  | |  |  |  |  |  |  |  |  |
| 户籍所在地 |  | | 籍贯 |  | | | | | | 性别 | | |  | | | | 民族 | | | | | |  | | | 贴照片处  （一寸彩照） | | | | | |
| 政治面貌 |  | | | 最高学历  及学位 | | | | | |  | | | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | 毕业时间 | | | | | | | | |  | | | | |
| 所学专业  （以毕业证为准） |  | | | | 所获学位  （以学位证为准） | | | | | | | | | |  | | | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | 参加工作  时间 | | | | | | | |  | | | | | |
| 家庭地址 |  | | | | | | | | 联系电话 | | | | | | | 1. | | | | | | | | | | 2. | | | | | |
| 报考单位  名称 |  | | | | | | | | 报考岗位  代码 | | | | | | |  | | | | | | | | | | | | | | | |
| 简 历  （从高中填起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | 关系 | | | | 所在单位 | | | | | | | | | | | | | | | | | | | | | 职务（职称） | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 是否存在《江苏省事业单位公开招聘人员办法》第三十六回避关系 | | | | | | | | | | | | | | | | | | | 是 否 | | | | | | | | | | | | |
| 信息  确认 | **本人对以上所填内容的真实性、准确性负责，如因选报岗位不当或所填写内容不真实、不准确、不全面而影响考试和聘用的，愿责任自负。**    签字：  年 　月 　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 审核人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |