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| **2019**[**年寿县乡镇卫生院公开招聘特岗全科医生报名表**](http://www.jingjia.org/uploadfile/2012/0815/20120815093315466.doc) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **身份证号码** | | |  | | | | | **照片** | | |
| **性别** |  | **民族** | | |  | **政治面貌** | |  | |
| **出生日期** |  | **现户口所在地** | | | |  | | | |
| **学 历 情 况** | | | | | | | | | | | | |
| **第一学历**  **毕业院校及时间** |  | | **学历层次** |  | | | **专业** | |  | | **学位** |  |
| **第二学历**  **毕业院校及时间** |  | | | **专业** | | |  | | | | **学位** |  |
| **专业技术职称** |  | | | **执业资格** | | | |  | | | | |
| **通讯地址** |  | | | **联系电话（手机）** | | | |  | | | | |
| **培养方式** |  | | | **报考专业** | | | |  | | | | |
| **学习及工作简历** |  | | | | | | | | | | | |
| **受过何种奖励**  **或处分** |  | | | | | | | | | | | |
| **诚信承诺意见** | **本人符合公告的报考条件，上述所填写的情况均真实、有效，若有虚假，责任自负。**  **报考人签名:**  **年 月 日** | | | | | | | | | | | |
| **报名审核意见** |  | | | | | | | | | | | |

**说明：1、培养方式：普校、非普校**

**2、执业资格：执业医师、执业助理医师**