附件3

示范区2019年卫生系统公开招聘医务人员加分申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | 性别 | |  | | 民族 | |  | | 2寸彩色免冠照片 |
| 身份证号 | | |  | | | | | | | | | | | | |
| 政治面貌 | | |  | | | | | | | | 籍贯 |  | | | |
| 学历 |  | | | | | | 学位 | |  | | | 毕业时间 | |  | |
| 毕业院校 | | |  | | | | | | | | | | | | | |
| 所学专业具体名称 | | | | | | |  | | | | | | | | | |
| 专业技术职务  名称 | | | |  | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | | | | | | 其他电话 | |  | |
| 申请加分项目 | | | | | |  | | | | | | | | | | |
| 报考职位名称 | | | | | | | | |  | | | | | | | |
| 加分信息确认栏 | | | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  申请人签名： | | | | | | | | | | | |
| 审核单位意见 | | | | | 盖 章：  签 字：  2019年 月 日 | | | | | | | | | | | |

注：本表为符合《招聘简章》加分条件的考生在笔试前用于加分时使用，请在规定时间内提交申请，逾期不再办理。