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| **个人报名表**报名序号（单位填写）：                         报名时间：2019年  月   日

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| **姓  名** |  | **性  别** |  | **身份证号码** |  |
| **出  生****年月日** |  | **民  族** |  | **籍  贯** |  |
| **毕业学校（全日制）** |  |
| **全日制****学  历** |  | **毕业时间** |  | **所 学****专 业** |  |
| **专业技术****资格名称** |  | **资格取得时间** |  | **联系电话** |  |
| **英  语****等  级** |  | **政  治****面  貌** |  | **居住地** |  |
| **报考岗位** |  | **报考单位** |  |
| **是否执****业注册** |  | **注册地点** |  |
| **本人承诺：此次报名提供的所有资料均真实有效。** |
| **报考人签字（手写签字）：****2019年     月     日** |
|  |  |  |  |  |  |  |  |

注：此报名表可在鞍钢集团公司总医院官网或通用鞍钢医院管理有限公司公众号自行下载。表中“报名序号”由单位填写。 |

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