**龙岩市市直医疗卫生单位招聘专业技术人员报名表**

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| 姓名 | |  | | | | | 性别 | |  | | | | | 出生  日期 | | | |  | | 民族 | |  | | 贴照  片处 | | |
| 研究生毕  业院校 | |  | | | | | | | | | | | | 所学  专业 | | | |  | | | | | |
| 本科毕业院校 | |  | | | | | | | | | | | | 所学  专业 | | | |  | | | | | |
| 毕业  时间 | |  | 学历 | | | | |  | | | 学位 | |  | 身份证  号 码 | | | |  | | | | | |
| 报考岗位 | |  | | | | | | | | 学位  类别 | | | | | 专业型（­ ）  学术型  （ ） | | | 是否取得执业医师资格证 | | | | | |  | 是否四证合一 | |
| 是否取得医师规范化培训证书 | | | | | |  |
|  | |
| 政治  面貌 | |  | | 在校担任职务 | | | | | |  | | | | 手机 | | |  | | | | 固定  电话 | | |  | | |
| 生源户 籍地 | |  | | | | | | | | 通讯  地址 | | | | |  | | | | | | 是否为龙岩市  乡镇卫生院定向委培生 | | | | |  |
| 个人简历（从大学开始填写） | | 学习起止时间 | | | | 毕业院校 | | | | | | | | | 专业 | | | | 学位 | | | | 是否双一流 | | | |
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| 主要社会关系(父母或配偶) | | 称谓 | | | 姓名 | | | | | | | 年龄 | | | | 籍贯 | | | 政治面貌 | | | | 工作单位及职务 | | | |
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| 申明：本人保证以上所填写内容完全真实，如有不实，本人愿作为自动放弃处理。    申明人： 时间： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招录单位资格  审核  意见 | 招聘单位审核人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考核招聘领导小组审核意见 | 审核人签名： 领导小组组长签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |