2018年保山市招聘特岗全科医生报名人员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性 别 |  | | 民族 | | | | |  | | | 照 片 | | | |
| 出生  年月 |  | 籍 贯 |  | | 政治 面貌 | | | | |  | | |
| 毕业  院校 |  | | | | | | 毕业  时间 | | | |  | | |  | | | |
| 所学  专业 |  | 学历 |  | | | 学位 | | |  | | |  | | | | |
| 报考特岗全科医生岗位 |  | | | | | | | | | | | | | | | | | |
| 家庭详细住址 |  | | | | | | | | | |  | | | | |
| 身份  证号 |  | | | | | | |  | | | | | | |
| 本人简历 |  | | | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓名 | 与本人关系 | | 工作单位及职务 | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | |
| 报名人声明 | 本报名表所填内容正确无误，所提交的证件和照片真实有效。如有虚假，由此产生的一切后果由本人承担。 | | | | | | | | | | | | | | | | | |
|
| 报名人签名： | | | | | | | | | | | | | | | | | |
|
| 资格审查意见 | 审查人签名： | | | | | | | | | | | | | | | | | |
|