附件2：

**2023年贾汪区基层医疗卫生单位面向农村订单定向医学生**

**招聘卫生专业技术人员报名表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | | | | | | | | | | | | | 性别 | | | | |  | | | | | | | （贴照片处） |
| 民族 |  | | | 出生年月 | | | | |  | | | | | | | | 政治面貌 | | | | |  | | | | | | |
| 身份证号 |  |  |  | |  |  | |  | |  |  |  | |  | |  | |  | |  |  | |  |  |  | |  | |
| **报名情况** | 报考岗位名 称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育及职称情况** | 学 历 |  | | | | | 学 位 | | | | |  | | | | | | | | 毕业时间 | | | | | | |  | | | |
| 毕业专业 |  | | | | | | | | | | 专业方向 | | | | | | | |  | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有资格（职称） |  | | | | | | 资格（职称）  专业 | | | | | |  | | | | | | | | | | 现有资格（职称）取得时间 | | | | |  | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | 联系电话 （固定电话及手机） | | | | | | |  | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺以上信息真实、准确、有效，如有虚假，责任自负。 是否存在回避关系： 是🞎 否🞎**  **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审核意见** | 初审 | | | | | | | | | | | | | | | 复审 | | | | | | | | | | | | | | |