附件2

盐边县2024年直接考核招聘医疗卫生机构副高职称及以上高层次人才报名信息表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | | |  | | 出生年月 | |  | 照 片 |
| 民族 | |  | | | | 籍贯 | | |  | | 出生地 | |  |
| 政治  面貌 | |  | | | | 入党  时间 | | |  | | 健康状况 | |  |
| 联系  电话 | |  | | | | | 电子邮箱 | | | |  | | | |
| 毕业院校 | | | |  | | | | | | | 学历 | |  | |
| 所学专业 | | | |  | | | | | | | 学位 | |  | |
| 身份证号码 | | | |  | | | | | | | 应聘岗位 | |  | |
| 本人详细住址及邮编 | | | |  | | | | | | | | | | |
| 拟注册村卫生室所在县（乡）和名称 | | | |  | | | | | | | | | | |
| 简  历  ︹  含  学  习  简  历  ︺ | |  | | | | | | | | | | | | |
| 奖  惩  情  况 | |  | | | | | | | | | | | | |
| 家  庭  主  要  成  员  及  重  要  社  会  关  系 | | 称 谓 | | 姓 名 | | | 出生  年月 | | 政治  面貌 | | 工作单位及职务或职称 | | | |
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| 持有证书情况 | |  | | | | | | | | | | | | |
| 资格审核结果及意见 | |  | | | | | | | | | | | | |

本人应确保所填内容的真实性，若确认无误，请签字确认：

注：本表请双面复印