附件2：

**[2022年五河县中医院公开招聘卫生专业技术人员报名表](M:/2019%E7%BC%96%E5%86%85%E6%8B%9B%E8%81%98/%E4%BA%94%E6%B2%B3%E5%8E%BF%E4%BA%BA%E6%B0%91%E5%8C%BB%E9%99%A2%E9%AB%98%E6%A0%A1%E6%8B%9B%E8%81%98%E6%8A%A5%E5%90%8D%E8%A1%A8.doc)**

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| 姓 名 | |  | | 民 族 | | | | |  | 健 康  状 况 | | | | |  | | | 照片 | |
| 性 别 | |  | | 籍 贯 | | | | |  | 政 治  面 貌 | | | | |  | | |
| 身份证  号 码 | |  | | | | | | | 出 生  年 月 |  | | | | | | | |
| 报考岗位及岗位代码 | |  | | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | 现专业技术职称 | | | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | |
| 毕业学校 | |  | | | 所学专业 | | | | | |  | | | | | 学位 | | |  |
| 教育经历 | | 起止时间 | | | | | 毕业院校 | | | | | | 学历 | | | | 所学专业 | | |
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| 家  庭  状  况 | 称谓 | | 姓名 | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | |
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| 诚信承诺 意 见 | | 本人上述所填写的内容和提供的相关材料、证件均真实、有效。如有虚假，取消考试和录取资格。本人已阅读并知晓、同意考试期间疫情防控须知内容。  报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | |
| 审核意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | |