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| 附件  **2022年齐齐哈尔市全科医生特设岗位公开招聘报名表**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **姓 名** |  | **性 别** |  | **出 生 年 月** | |  | | | 2寸近期  免冠蓝底  彩色证件  照 片 | | **民 族** |  | **籍 贯** |  | **户 籍 所在地** | |  | | | | **政治面貌** |  | **健 康 状 况** |  | **身 份 证 号** | |  | | | | **学 历**  **学 位** | **全日制 教 育** |  | **毕业院校及所学专业** |  | | | | | | | **在 职 教 育** |  | **毕业院校及所学专业** |  | | | | | | | **专业技术资格** | |  | | | **联系电话** | |  | | | | **医师资格**  **证书号码** |  | | **医师资格证书 发 证 时 间** | |  | | | | | | **医师执业 证 书** | **编 码** |  | | | **执业类别及 注册范围** | | |  | | | **发证时间** |  | | | | **是否参加全科医生规范化培训、转岗培训 或岗位培训、助理全科医生培训并取得合格证** | | |  | | | | | | | | **拟报岗位** |  | | | | **是否服从岗位调剂** | | | |  | | **教育培训情况（从中专填起，含进修和培训）** |  | | | | | | | | | | **工作经历（起止年月、工作单位、职称、从事专业）** |  | | | | | | | | | | **报名本人**  **承 诺** | 报名时所提供的身份证明、学历证书、资格证书、执业证书和相关证明等真实、准确、有效，如提供虚假证明和信息，本人愿承担一切责任。    签名：  年 月 日 | | | | | | | | | | **所在单位**  **意 见** | （盖章）  年 月 日 | | | | | | | | | | **县卫健局 意 见** | 经审核，该同志 符合 不符合报名条件， 同意 不同意其参与全科医生特设岗位招聘报名。  （盖章）  年 月 日 | | | | | | | | | | **市卫健委 意 见** | 经审核，该同志 符合 不符合报名条件， 同意 不同意其参与全科医生特设岗位招聘报名。  （盖章）  年 月 日 | | | | | | | | | | **备 注** |  | | | | | | | | |   备注：此表由报名本人填写，正反面打印，一式两份，市、县卫生健康行政部门各存一份。 |