附件1

**成都市青白江区**卫生健康局

面向高校考核招聘2023年医学类应届毕业生报名表

报考医院： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | 身份证号 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | 照片 | |
| 性 别 |  | 出生年月  （岁） | | | |  | | | | | | | | | 政治  面貌 | | |  | | | | | |  | |
| 毕业  时间 |  | 毕业院校 | | | |  | | | | | | | | | 学历 | | |  | | | | | |
| 学位 |  | 所学专业 | | | |  | | | | | | | | | 籍贯 | | |  | | | | | |
| 专业技术职称及取得时间 |  | | | | | 何时取得  何种执业资格 | | | | | | | | |  | | | | | | | | | | |
| 户口所在地 |  | | | | | 档案存放地 | | | | | | | | |  | | | | | | | | | | |
| 电子邮箱 |  | | | | | 联系电话 | | | | | | | | |  | | | | | | | | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭详细地址 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历  （从进大学  时填起） | 起止时间 | | 单位 | | | | | | | | | | | | 职 务 | | | | | | | 证明人 | | | |
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| 获奖  情况 | 名 称 | | 发证单位 | | | | | | | | | | | | 发证时间 | | | | | | | 奖励层次 | | | |
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| 有何  特长 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | **签字：** | | | | | | | | | | | | | | | | | | | | | | | | |