附件1

安远县公开招聘临床医生报名登记表

报考岗位： 填表时间： 年 月 日

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| 姓 名 | |  | | | 性 别 |  | 民 族 |  | | 政治面貌 | |  |
| 出生年月 | | | |  | | | 现工作单位及职务 | |  | | | |
| 毕业学校 | | | |  | | | 毕业时间 | |  | | | |
| 学历 | | | |  | | | 所学专业 | |  | | | |
| 身份证号码 | | | |  | | | 是否还准备参加其他招聘 | | | | |  |
| 家庭住址 | | |  | | | | 联系电话 | |  | | | |
| 本人简历（高中至今） | 时 间 | | | 学习、实践或兼职单位及职务 | | | | | | | 证明人 | |
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| 奖惩情况（大学至今） | 时间 | | | 奖惩名称（按获得的荣誉高低填写） | | | | | | | 奖惩单位 | |
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| 资格审核意见 | 审查人（签名）：  年  月  日 | | | | | | | | | | | |