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| **汝南县人民医院2021年公开招聘编外人事代理人员报名登记表** | | | | | | | | | | | | | | | | | |
| 报名序号：                          填表日期：    年     月     日 | | | | | | | | | | | | | | | | | |
| 姓    名 | |  | | 性别 | |  | | | 民    族 | | | |  | | 一寸照片 | | |
| 出生日期 | |  | | 籍贯 | |  | | | 政治面貌 | | | |  | |
| 毕业院校 | |  | | | | | | | 所学专业 | | | |  | |
| 毕业时间 | |  | | 学历 | |  | | | 身   高 | | | | cm | | | | |
| 毕业证书编号 | |  | | | | | | | | | | | | | | | |
| 报考岗位、专业 | |  | | | | | | | 报考岗位代码 | | | |  | | | | |
|
| 家庭详细地址 | | | | |  | | | | 身份证号码 | | | |  | | | | | |
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| 联系电话 | | |  | | 邮   箱 | |  | |
|  | | |  | | | |  |
| 本人简历 （从高中填起） | |  | | | | | | |
| 报名人 承  诺 | | 本报名表所填内容正确无误，所提交的证件和照片真实有效。如有虚假，由此产生的一切后果由本人承担。                                          报名人签名： | | | | | | |
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| 资格审查 意　　见 |  | |
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| 审查人签字 |  | |
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