**附件：**

宣汉县中医院专业技术人员报名表

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| **姓名** |  | | **性别** |  | | **出生年月** |  | | **近期正面免冠彩色照** | |
| **籍贯** |  | | **民族** |  | | **婚姻状况** |  | |
| **身高** |  | | **政治面貌及入党时间** | | | |  | |
| **健康状况** | |  | | | **身份证号码** | | |  | | |
| **最高学历学位** | |  | | | **毕业院校及专业** | | |  | | |
| **专业技术资格** | |  | | | **取得时间** | | |  | | |
| **联系电话** | |  | | | **家庭住址** | | |  | | |
| **特长** | |  | | | | | | | | |
| **学习经历** | | **起止时间** | | | **所在学校** | | | **专业** | | **学历** |
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| **实习经历** | | **实习时间** | | | **实习单位** | | | **轮转科室** | | |
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| **工作经历** | | **工作时间** | | | **工作单位** | | | **所在科室** | | |
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| **获奖情况** | |  | | | | | | | | |
| **个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。** | | | | | | | | | | |
| **本人签名： 填表日期： 年 月 日** | | | | | | | | | | |