|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |  |  |
| 2022年濮阳市安阳地区医院  公开引进高层次和急需紧缺人才报名登记表  填表日期： 年 月 日 | | | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | | | | | | 性别 | | |  | | | | 出生年月 | | | | | | |  | | | | | | | | | | **照 片**  （近期2寸彩色  免冠正面） | | | 籍贯 |  | | | | | | 政治面貌 | | |  | | | | 民族 | | | |  | | | | | | 身体状况 | | |  | | | | | 工作单位 | |  | | | | | | | | | | | | | | | | 是否在编 | | | | | |  | | | | | | | | 身份证号 | |  | |  | |  | |  |  | |  |  |  | |  | |  |  |  |  | | |  | |  |  | |  | |  | | 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | 联系方式 | | | | | | |  | | | | | 第一学历毕业院校 | | | | |  | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | | 毕业时间 | | |  | | 最高学历毕业院校 | | | | |  | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | | 毕业时间 | | |  | | 专业技术任职资格 | | | | |  | | | | | | | | | | | | | | | | | 专业技术任职资格  证书编号 | | | | | | | | | |  | | 学习工  作经历  （从大学填起） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 本人承诺 | | | **本人所填写的信息准确无误，所提交的证件、资料真实有效，如有虚假、错误，所产生的一切后果由本人承担。**  报名人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 资格审查  意见 | | | 单位意见：  （盖章）   审查人（签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |