附件 2

纳雍县中医医院 2022 年常年简化程序招聘编制外专业技术人员报名审批表

审核人： 复核人： 报名序号：

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| **姓名** |  | | **性别** | | |  | | | **民族** | | |  | | | **婚育状况** | | |  | | | **相片** | | | |
| **政治面貌** |  | | **出生年月** | | |  | | | **报考岗位** | | |  | | | | | | | | |
| **籍贯** |  | | **出生地** | | |  | | | **家庭住址** | | |  | | | | | | | | |
| **学历**  **学位** |  | | **毕业**  **时间** | | |  | | | **毕业院校**  **及专业** | | |  | | | | | | | | | | | | |
| **职称** |  | | **资格证**  **书编号** | | |  | | | | | | **执业证书编号** | | | | | |  | | | | | | |
| **手机** |  | | | | | **QQ** | | |  | | | | | | **微信** | | |  | | | | | | |
| **身份**  **证号** |  |  |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |
| **家庭成员及主要社会关系** | **称谓** | | **姓名** | | | **年龄** | | | **政治面貌** | | | **工作单位及职务** | | | | | | | | | | | | |
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| **学习及工作简历** |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **报名信息确认** | **以上信息均为本人真实情况。如有虚假、遗漏、错误，责任由本人负责。**  **报名人员签字：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **招聘领导小组审查意**  **见** | **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |

说明：本表除“审核人”“复核人”“报名序号”“招聘领导小组意见”栏外，其余由报名人员填写。 1.“家庭成员及主要社会关系”栏只填写父母、配偶、子女；2.“学习及工作简历”栏从专业技术学历开始填起；3.持有执业资格证者需填写资格证书编号、执业证书编号。