**附件3**

**贵阳市卫生计生委引进高层次人才报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** |  | | | **出生**  **年月** |  | | | **照片** | |
| **政治**  **面貌** | |  | **籍贯** |  | | | **婚否** |  | | |
| **民族** | |  | **职称** |  | | | **爱好**  **特长** |  | | |
| **毕业院校专业** | |  | | | | | | | | |
| **学历** | |  | **学位及类型** | |  | | | | **毕业时间** | | |  |
| **是否具有执业证资格** | | |  | | | **是否具有规培证** | | | | | |  |
| **联 系 电 话** | | |  | | | **电 子 邮 箱** | | | |  | | |
| **意向**  **单位** |  | | | | | | | | | | | |
| **家庭主要成员** |  | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | |