**蚌埠市中医医院公开招聘报名表**

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| 姓名 | |  | | | | | | | 性别 |  | | | | 民族 | | |  | | | | 政治  面貌 | | | |  | | | 免冠照片 |
| 出生  年月 | |  | | | | | 身份证号码 | | | | |  | | | | | | | | | | | 籍贯 | |  | | |
| 所在  学校 | |  | | | | | | | | | | | | | 所学专业 | | |  | | | | | | | 学制 | |  |
|  | | | | | | | | | | | | |  | | | | | | |  |
| 学历  （学位） | | |  | | | | | 有何特长 | | |  | | | | | 是否具有执业证 | | |  | | | | | 专业技术职称 | | |  | |
| 家庭地址 | | | |  | | | | | | | | | | | | | | | | | | 联系电话 | | | |  | | |
| 学习及工作简  历 | 高中后起填 例：2015.09-2017.07 \*\*\*\*医院 \*\*\*科 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  状况 | 称谓 | | | | | 姓名 | | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | |
|  | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |
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| 诚信承诺 意 见 | | | | | 本人上述所填写的内容和提供的相关材料、证件均真实、有效。如有虚假，取消考试和录取资格。  报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |