**附件2**

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| **巴中市中西医结合医院**  **2024年度下半年公开招聘员额管理专业技术人员报名表** | | | | | | | | | | | |
| **报名序号** |  | **报考岗位** | | |  | | | | | | **照片** |
| **姓名** |  | | **性别** | |  | **民族** | |  | | |
| **出生年月** |  | | **婚姻状况** | |  | **籍贯** | |  | | |
| **身份证号** |  | | | | **政治面貌** | | |  | | |
| **联系电话** |  | | | | **家庭住址** | | |  | | | |
| **是否公立医疗机构在职人员** | | | | **是□/否□** | | | **是否服从岗位调整** | | | | **是□/否□** |
| **最高学位** |  | | **学位类型** | |  | **学位证 号码** | | |  | | |
| **学历（从高到低填写）** | **学习形式** | | **毕业时间、院校、专业** | | | | | | | **学历证号码** | |
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| **职称情况** | **职称资格** | | | | **取得时间** | | | **聘任单位、时间** | | | |
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| **工作和培训经历** | **时 间** | | | | **工作或培训单位、职务** | | | | | | |
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| **家庭成员及主要社会关系** | **称 谓** | | **姓 名** | | **出生年月** | **政治面貌** | | **工作单位及职务** | | | |
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| **获奖和工作业绩情况** |  | | | | | | | | | | |
| **其它需要说明的情况** |  | | | | | | | | | | |
| **本人承诺** | **上述所填内容及提交的报名材料真实完整，本人符合招聘岗位的基本条件及具体条件，不存在招聘公告中不予报名的相关情形，如有不实，本人愿承担一切法律责任。**  **医院如在招聘、管理的任何环节发现与报名条件不符，报名或聘用资格一律无效，且责任自负。** | | | | | | | | | | |
| **报名人（签字）： 年 月 日** | | | | | | | | | | |