附件2

雅安市雨城区2023年大学生乡村医生专项计划报名表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | **性 别** | |  | | | **出 生**  **年 月** |  | **照片** |
| **民 族** | |  | | **籍 贯** | |  | | | **健康**  **状况** |  |
| **政治**  **面貌** | |  | | **家庭住址** | |  | | | | |
| **学历学位**  **（毕业学校及专业）** | | **全日制** | |  | | | | | | | |
| **非全日制** | |  | | | | | | | |
| **通信地址**  **及 邮 编** | | | |  | | | | | **联 系**  **电 话** |  | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **及重**  **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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| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）：**  **年 月 日** | | | | | | | | | | | |