附件2

岚山区乡村医生招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | 性别 | | | |  | | | 出生年月 | | | | |  | | | | | | 贴照片处 |
| 身份证号 |  |  |  |  | |  |  | |  | |  | |  |  | |  |  |  | |  |  | |  |  |  |
| 政治面貌 |  | | | | 学历 | | | | | | | |  | | | | | | 民族 | | |  | | | |
| 毕业院校  及时间 |  | | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | |
| 乡村医生执业证号码： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 执业（助理）医师证、执业护士证号码： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现家庭地址 |  | | | | | | | | | | | | 联系电话  （两个） | | | | | |  | | | | | | | |
|  | | | | | | | |
| 报考岗位 | 镇（街道） 村（社区）卫生室 岗位 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | | | | 关系 | | | | | 所在单位及职务 | | | | | | | | | | | | | | | | |
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| 承诺：本人符合报名条件要求，在报名表中填报的信息真实、准确。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查人员（签字）： 复核人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.本表由区卫计局统一印制；

2.本表一式二份，在报名完成后，由区卫计局、区人社局备案。