**2020年住院医师规范化培训报名表**

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| 姓 名 | |  | | | 出生日期 | | | | | |  | | | | | 纸质贴两寸彩照 电子档插入彩照 | |
| 性 别 | |  | | | 籍 贯 | | | | | |  | | | | |
| 民 族 | |  | | | 政治面貌 | | | | | |  | | | | |
| 婚姻状况 | |  | | | 健康状况 | | | | | |  | | | | |
| 身　　高 | |  | | | 体　　重 | | | | | |  | | | | |
| 居民身份证号 | |  | | | | | | | | | 是否应届生 | | | | | |  |
| 本科毕业院校 | |  | | | 本科毕业专业 | | | | | |  | | 毕业时间 | | | |  |
| 最高学历  毕业学校 | |  | | | 最高学历  毕业专业 | | | | | |  | | 毕业时间 | | | |  |
| 学位（学术型/专业型） | |  | | | 有无医师资格证书（分数） | | | | | |  | | 英语水平 | | | |  |
| 有何特长 | |  | | | | | | | | | 是否服从  专业调剂 | | | | | |  |
| 培训专业志愿 第一： 　　　　　 　　 第二： 　　　　 第三： | | | | | | | | | | | | | | | | | |
| 生源地 省 市 [县、区] | | | | | | | 学业成绩单（附件） | | | |  | | | | | | |
| 本人联系方式 | 手 机 | |  | | | | | | | | QQ号码 | | | | | |  |
| E-mail | |  | | | | | | | | 其它联系方式 | | | | | |  |
| 家庭（父母）住址： 　联系电话： 邮编： | | | | | | | | | | | | | | | | | |
| 履历（从高中填起） | | | | | | | | | | | | | | | | | |
| 起止年月 | 所在单位 | | | | | | | | 担任何职 | | | | | | 离开方式 | | |
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| 工　作 经 历 | | | | | | | | | | | | | | | | | |
| 临床工作  起止时间 | 医 院  名 称 | | | 医 院级 别 | | 所在科室  （从事专业） | | | | 职 务 | | 证明人 | | | | | 证明人  联系电话 |
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| 攀枝花市  联络人员  （如无，  可不填写） | 姓 名 | | | 关 系 | | | | 工作单位 | | | | | | 联络方法 | | | |
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| 参加住院医师规范化培训  希望与要求 |  | | | | | | | | | | | | | | | | |
| 参加住院医师规范化培训所存疑问及顾虑 |  | | | | | | | | | | | | | | | | |
| 信息确认 | 本人承诺：以上填报信息及提交资料真实有效，如有作假，本人愿承担一切后果和责任  承诺人：  日　期： | | | | | | | | | | | | | | | | |