**镇江市第一人民医院**

**社会化住院医师规范化培训学员申请表**

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| 姓 名 | |  | | | | | | | | | | | 性 别 | | | | |  | | | | | | | | 出生年月 | | | |  | | | | | 贴照片处 | | |
| 政治面貌 | |  | | | | | | | | | | | 民 族 | | | | |  | | | | | | | | 籍 贯 | | | |  | | | | |
| 电子邮箱 | |  | | | | | | | | | | | 紧急联系人 | | | | |  | | | | | | | | 联系电话 | | | |  | | | | |
| 身份证号 | |  |  |  |  | |  | |  |  |  |  | |  |  |  |  | |  | |  |  |  |  | 外语水平 | | | |  | | | | |  | | |
| 手机号码 | |  |  |  |  | |  | |  |  |  |  | |  |  | 最高学历 | | | | | | |  | | | | | | 最高学位 | | | | |  | | |
| 是否取得执业医师资格 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 婚姻状况 | | | |  | | | | |
| **申请类别** | 培训阶段 | | | | | □住院医师阶段 | | | | | | | | | | | | | | | | | | | | | | | | | 是否服从调配 | | | | |  |
| 申请培训专业 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **高等教育经历** | 起止年月 | | | | | | | 毕业院校 | | | | | | | | | | | | 专业 | | | | | | | 毕业后学历学位 | | | | | | 获奖与社会工作 | | | |
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| **工作经历** | 起止年月 | | | | | | | 工作单位 | | | | | | | | | | | | | | | | | | | 科室 | | | | | | 获奖与社会工作 | | | |
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| 备注 | | | | | | | | 提交申请表时请提供报名材料（具体材料见招生简章）  **地址：镇江市电力路8号 镇江市第一人民医院教育科研管理办公室 邮编 212002** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |