**附件2：**

2020年杭州市临安区卫健系统引进高层次紧缺专业人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | |  | | | 出生年月 | | | | |  | | | | | 籍贯 | | | |  | | | | 照片 |
| 身份证号 | | |  |  |  |  | |  | |  |  | |  |  |  | | |  |  |  |  | | |  |  | | |  |  |
| 毕业时间、院校、专业及学位 | | | 本科 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 研究生 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 本科录取医学类批次（填第一批或第二批） | | | | | | |  | | | | | | | | | 职称或其他资质 | | | | | | | | | | |  | | | |
| 报考岗位 | | 医 院 | | | | | | | | | | | | | | | | | | | | | 招聘岗位 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 是否愿意调配至其他医院：是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | |
| 获奖情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习和工作经历（从高中填起） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审核意见 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

本人保证报名所提供的个人信息真实、准确、完整，若弄虚作假，本人承担一切后果。

本人签名：

年 月 日