**附件：**

**内江市中医医院聘用员额人员报名审批表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性 别 |  | | | | 民 族 | |  |
| 出生年月 | |  | | 籍 贯 |  | | | | 健康状况 | |  |
| 政治面貌 | |  | | 参工时间 |  | | | | 推荐或自荐 | |  |
| 学 历 | |  | | 学 位 |  | | | | 职 称 | |  |
| 现任职务 | |  | | | | | | | 任职时间 | |  |
| 毕业院校及 专 业 | |  | | | | | | | | | |
| 拟聘部门 | |  | | | | | | | 拟聘岗位 | |  |
| 学习  及工  作简  历 |  | | | | | | | | | | |
| 培训  经历 |  | | | | | | | | | | |
| 科室  考核  情况 |  | | | | | | | | | | |
| 主管职能科室意 见 |  | | | | | | 分管领导意见 |  | | | |
| 医院  意见 |  | | | | | | | | | | |
| 填表时间 | | |  | | | 联系电话 | | | |  | |