**附件1：粤北人民医院住院医师规范化培训报名表（2021年）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓    名 |  | | 出生年月 | | |  | | | | 政治面貌 | | | |  | | | |
| 性    别 |  | | 籍    贯 | | |  | | | | 婚姻状况 | | | |  | | | |
| 民    族 |  | | 健康状况 | | |  | | | | 社会兼职 | | | |  | | | |
| 有何特长 |  | | 身    高 | | |  | | | | 医师执照号 | | | |  | | | |
| 英语水平 |  | | 最高学历 | | |  | | | | 学    位 | | | |  | | | |
| 所学专业 |  | | 平均成绩 | | |  | | | |  | | | |  | | | |
| 最后毕业学校 |  | | | | | | | | | 毕业时间 | | | |  | | | |
| 身份证号 |  | | | | | | | | | 是否应届生 | | | |  | | | |
| 是否往届生 |  | 是否单位委托培训 | | |  | | 委培医院 | | |  | | | | | | | |
| 委托单位意见 | 负责人签名：                 年     月     日 | | | | | | | | | | | | | | | | |
| 培训学科志愿  第一：          第二： | | | | | | | | | | | 是否愿意服从调剂 | | | | | |  |
| 生源地                省            市[县]            区 | | | | | | | | | | | | | | | | | |
| 家庭住址及邮编                    家庭电话 | | | | | | | | | | | | | | | | | |
| 本人联系方式 | 手机 | |  | | | | | | | 紧急联系人电话 | | | | |  | | |
| E-mail | |  | | | | | | | 其它方式 | | | | |  | | |
| 学 习 及 工 作 经 历 | | | | | | | | | | | | | | | | | |
| 起止时间 | 单    位 | | | | | | | | 任职情况 | | | 证明人 | | | | 备  注 | |
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| 学习/工作期间  所受奖励 |  | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓    名 | | | 关    系 | | | | 工 作 单 位 | | | | | 联 络 方 法 | | | | |
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|  | | |  | | | |  | | | | |  | | | | |
| 申请人  意见 | 本人志愿参加住院医师规范化培训，并遵守培训合同。                                  签名                 年     月     日 | | | | | | | | | | | | | | | | |
| 备    注 | 粘贴相片 | | | | | | | | | | | | | | | | |

本人签名：