**上犹县人民医院**

招聘临床类研究生**报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | 民族 | | |  | | 政治面貌 | |  | | | 一 寸  免冠照片 | | |
| 出生年月 |  | | | 身份证号码 | | |  | | | | | | 籍贯 | |  |
| 第一学历 | 毕业学校 |  | | | | | | 所学专业 | | | |  | 学历 | |  |
| 最高学历 | 毕业学校 |  | | | | | | 所学专业 | | | |  | 学历 | |  | 身高 | | cm |
| 职业资格 |  | | | | | | | 家庭住址 | | | |  | | | 联系电话 |  | | |
| 婚姻状况 |  | | | | | | | 生育情况 | | | |  | | | | | | |
| 工作经历 | 工作单位 | | | | | | | | | 起止时间 | | | | 工作岗位 | | | 证明人及电话 | |
|  | | | | | | | | |  | | | |  | | |  | |
|  | | | | | | | | |  | | | |  | | |  | |
|  | | | | | | | | |  | | | |  | | |  | |
|  | | | | | | | | |  | | | |  | | |  | |
| 家庭状况 | 关 系 | | 姓 名 | | | 政治面貌 | | | | | | 工作单位及职务 | | | | 联系电话 | | |
|  | |  | | |  | | | | | |  | | | |  | | |
|  | |  | | |  | | | | | |  | | | |  | | |
|  | |  | | |  | | | | | |  | | | |  | | |
|  | |  | | |  | | | | | |  | | | |  | | |
| **本人承诺：**本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | |
| 资格审查者签名： 年 月 日 | | | | | | | | | | | | | | | | | | |