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| **附件2：**  **濂溪区医疗机构公开招聘聘用制职工报名表** | | | | | | | | | |
|  | | | | | | | | | |
| 姓名 |  | | 性别 |  | | 出生  年月 |  | 照片 | |
| 联系电话 |  | | 身份证号码 |  | | | |
| 毕业学校 | |  | | | | | |
| 专  业 | |  | | | | | |
| 应聘单位  及岗位 | |  | | | | | | | |
| 本 人 主 要 简 历 （ 含 学 历 ） | | 年、月——年、月 | | | 在何地、何部门 | | | | 任何职务 |
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| 本人主要表现及专业特长 | |  | | | | | | | |
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