**附件1**

**乐山市人民医院住院医师规范化培训报名表（2025年）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 出生年月 | | | | |  | | | | | 政治面貌 | | | | |  | | |
| 性别 | |  | | | 籍 贯 | | | | |  | | | | | 婚姻状况 | | | | |  | | |
| 民族 | |  | | | 健康状况 | | | | |  | | | | | 既往病史 | | | | |  | | |
| 有何特长 | |  | | | 体重 | | | | |  | | | | | 身高 | | | | |  | | |
| 英语水平 | |  | | | 最高学历 | | | | |  | | | | | 社会兼职 | | | | |  | | |
| 所学专业 | |  | | | 学位 | | | | |  | | | | | 有无医师资格证 | | | | |  | | |
| 平均成绩 | |  | | | 年级排名 | | | | |  | | | | | 年级总人数 | | | | |  | | |
| 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 | |  | | | | | | | | | |
| 培训专业基地志愿： 第一： 第二： 第三： | | | | | | | | | | | | | | | | | | | | | | |
| 是否服从调配： | | | | | | | | | | | | | | | | | | | | | | |
| 生源地省市[县] 区 | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址: 家庭电话: 邮编: | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系方式 | | 手机 | | |  | | | | | | | | | | 宿舍电话 | | | |  | | | |
| E-mail | | |  | | | | | | | | | | 其它方式 | | | |  | | | |
| 工作（实习）经历 | | | | | | | | | | | | | | | | | | | | | | |
| 临床工作起止时间 | 时间长度 | 医 院  名 称 | | 医 院  级 别 | | | 科 室 | | | | 职 称 | | | 证明人 | | | 证明人  现任何职 | | | | 证明人  联系电话 |  |
|  |  |  | |  | | |  | | | |  | | |  | | |  | | | |  |  |
|  |  |  | |  | | |  | | | |  | | |  | | |  | | | |  |  |
|  |  |  | |  | | |  | | | |  | | |  | | |  | | | |  |  |
| 参加住院医师规范化培训最大的愿望 | |  | | | | | | | | | | | | | | | | | | | | |
| 参加住院医师规范化培训最大的顾虑 | |  | | | | | | | | | | | | | | | | | | | | |
| 履历（包括高中以上学历） | | | | | | | | | | | | | | | | | | | | | | |
| 年月日-年月日 | | 何 单 位 | | | | | | | 任何职 | | | | | | | 离开方式 | | | | | | |
|  | |  | | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | | |  | | | | | | |
|  | |  | | | | | | |  | | | | | | |  | | | | | | |
| 父母联系信息  （必填） | | 姓名 | | | | 关系 | | | | | | 工作单位 | | | | | | 联络方法 | | | | |
|  | | | |  | | | | | |  | | | | | |  | | | | |
|  | | | |  | | | | | |  | | | | | |  | | | | |
|  | | | |  | | | | | |  | | | | | |  | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | |