附件

会理市人民医院

2025年编外招聘医疗专业技术人员报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | **性别** |  | | **出生年月**  **（年龄）** | | **（ 岁）** | | | **贴**  **二**  **寸**  **照**  **片** |
| **民族** |  | | | | | **籍贯** |  | | **意向专业** | |  | | |
| **文化**  **程度** | **全日制**  **教 育** | |  | | | | **毕业院校**  **及专业** | |  | | | | |
| **在 职**  **教 育** | |  | | | | **毕业院校**  **及专业** | |  | | | | |
| **现工作单位及职务（专业及职称）** | | | |  | | | | | | | | | | |
| **身份证号码** | | | |  | | | | | | **联系电话** | | |  | |
| **简历（从高中开始不间断填写）** | |  | | | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **及重**  **要社**  **会关**  **系** | | **称谓** | | | **姓名** | | | **年龄** | **政治面貌** | | | **工作单位及职务** | | |
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| **何时何地受过何种奖励处分** | |  | | | | | | | | | | | | |
| **本人承诺并签名** | | **（手写以下内容：以上信息属实。）**    **签名： 时间： 年 月 日** | | | | | | | | | | | | |