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| **深圳市龙华区卫生健康局公开招聘全科医师报名表** | | | | | | | | | | | | |
| **个人基本信息** | **姓名** |  | | **性别** | |  | **出生日期** |  | | |  | |
| **民族** |  | | **籍贯** | |  | **出生地** |  | | |
| **政治面貌** |  | | **参加工作时间** | |  | **现有专业技术资格** |  | | |
| **联系电话** |  | | **电子邮箱** | |  | **身份证号** |  | | | | |
| **婚姻状况** |  | | **身高** | |  | **个人特长** |  | | | | |
| **学 习 经 历** | **起止年月 （高中之后）** | | | **毕业学校** | | | **专业** | | **学历** | **学位** | | **全日制或在职** |
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| **工 作 经 历** | **起止年月 （首次参加工作起）** | | | **所在单位** | | | **科室** | | | **职务** | | |
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| **专业技术职务信息** | **现有专业技术资格** | | | **专业名称** | | | **取得时间** | | | **发证单位** | | |
| 示例：医师 | | | 外科学 | | | ×年×月×日 | | | 广东省卫生健康委员会 | | |
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| **家 庭 成 员** | **姓名** | | **关系** | | **年龄** | | **所在单位及科室** | | | **职务** | | |
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| **工作能力** |  | | | | | | | | | | | |
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| **科研情况** | （**论文**需写明题目、发表时间、发表刊物、作者排列名次、是否核心期刊；**课题**需写明名称、排列名次（或参与）、起止时间、课题级别（国家级、省级、市级、区级等）；若没有，请填写“无”） | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | |
| **自我评价** |  | | | | | | | | | | | |

本人庄严承诺以上所填内容及所提供的材料属实，如有弄虚作假，愿承担一切责任。

本人签名：