附件2

2023年曲阜市乡村医生招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | | 性别 | | | |  | | | 出生年月 | | | | |  | | | | | | 照片 |
| 身份证号 |  |  |  |  | |  |  | |  | |  | |  |  | |  |  |  | |  |  | |  |  |  |
| 政治面貌 |  | | | | 学历 | | | | | | | |  | | | | | | 民族 | | |  | | | |
| 毕业院校  及时间 |  | | | | | | | | | | | | 所学专业 | | | | | |  | | | | | | |
| 现有资格： 乡村医生证书 □、 乡村全科助理医师 □、 执业（助理）医师 □、 未取得资格仅有专科及以上学历 □ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格证书号码： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现家庭地址 |  | | | | | | | | | | | | 联系电话  （两个） | | | | | |  | | | | | | | |
|  | | | | | | | |
| 本人学习及工作简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 姓名 | | | | 关系 | | | | | 所在单位及职务 | | | | | | | | | | | | | | | | |
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| 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。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，并自愿接受有关部门的处理。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查人员（签字）： 复核人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.本表可打印，本人签名必须手写；

2.本表一式二份，报名完成后，由市卫生健康局备案。