附件2：

土默特右旗中蒙医院公开招聘工作人员

考试报名登记表

**报名序号: 报考日期： 年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | | **出生年月（岁）** | |  |  | |
| **民族** |  | **籍贯** | |  | | **出生地** | |  |
| **婚姻状况** |  | **政治面貌** | |  | | **入党时间** | |  |
| **现居住所在地** |  | **专业** | |  | | **报考岗位** | |  |  | |
| **健康状况** |  | **联系电话** | |  | | **身份证号** | |  | | |
| **学 习 经 历** | **起止时间** | | | **毕业院校** | | | | **学历（位）** | | **专业** |
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| **获得何种执业证书** |  | | | | | | | | | |
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| **工 作 简 历** | **起止时间** | | | **工作单位** | | | | **职务或岗位** | | |
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| **个 人 简 介** |  | | | | | | | | | |
| **家庭 主要 成员** | **姓 名** | | **与本人 关系** | | **政治面貌** | | **工作单位及职务** | | **户籍所在地** | |
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| **考生签字** | | | | | | |  | | | |