附件1

河南中医药大学第一附属医院

应聘人员基本情况登记表

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| 姓 名 | |  | | | | 性 别 | | |  | | | 民族 | |  | | | | | 照片  （近期一寸彩色照片） | | |
| 出生年月 | |  | | | | 政治面貌 | | |  | | | 籍贯 | |  | | | | |
| 婚姻状况 | |  | | | | 身份证号 | | |  | | | | | | | | | |
| 最高学历/学位 | | / | | | | 毕业时间、院校 | | |  | | | | | | | | | |
| 所学专业 | |  | | | | 导师 | | | |  | | | | | | 外语水平 | | |  | | |
| 研究方向 | |  | | | | | | | | | | | 兴趣及爱好 | | |  | | | | | |
| 技术职称/任职时间 | | / | | | | | 现工作单位及职务 | | | | | |  | | | | | | | | |
| 联系电话 | |  | | | | | | | | | E-mail | | |  | | | | | | | |
| 主要  教育  经历（从高中起） | 阶段 | | 时间 | | | | 学校 | | | | 专业 | | | | 学制 | | | 学历 | | | 学位 |
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| 主要  工作或  实践（实习）经历 |  | | | | | | | | | | | | | | | | | | | | |
| 主要业绩和  成果 |  | | | | | | | | | | | | | | | | | | | | |
| 婚姻  情况 | 配偶姓名 | | |  | | | | 出生年月 | | | |  | | | | | 职称 | | |  | |
| 学历 | | |  | | | | 毕业院校及所学专业 | | | |  | | | | | | | | | |
| 工作单位及职务 | | | | | | | （注明单位性质） | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓名 | | | | 与本人关系 | | | 工作单位及职务 | | | | | | | | | | | | | |
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| 获得荣誉及奖励情况 |  | | | | | | | | | | | | | | | | | | | | |
| 有何特长及突出业绩 |  | | | | | | | | | | | | | | | | | | | | |
| 承诺书 本人承诺：本人已详细阅读招聘文件《国家医学中心（中医类）建设单位、河南中医药大学第一附属医院2025年护理人员招聘公告》，明确招聘岗位条件，并按要求整理和提交了相关材料。登记表中所填写的信息准确无误，所提交的证件、资料和照片真实有效，若有虚假，所产生的一切后果由本人承担。 **（请务必打印后签名，扫描或拍照提交）** 本人签名：（手写签名）    年 月 日 | | | | | | | | | | | | | | | | | | | | | |