**附件：**

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| **绵阳市医学会招聘工作人员报名表** | | | | | | | | | |
|
| 姓名 |  | 出生年月 |  | 性别 |  | 民族 |  | | 免冠彩色近照 |
| 籍贯 |  | 健康状况 |  | 学历 |  | | | |
| 政治面貌 |  | 入党时间 |  | 有何专长 |  | | | |
| 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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| 现工作 单位 |  | | | | | | | | |
| 身份证 号码 |  | | | 联系电话 | | | |  | |
| 本人详细 住址 |  | | | | | | | | |
|
| 工作 简历 |  | | | | | | | | |
| 审查 意见 |  | | | | | | | | |