附件2：

昭通市2025年面向社会公开招聘大学生

乡村医生专项计划人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | | 出生年月 | |  | | 贴免冠彩色证件照片（1寸） | |
| 政治面貌 |  | 民族 | |  | | | 健康状况 | |  | |
| 身份证号 |  | | | | | | 执业资格 | |  | |
| 全日制  学历 |  | 全日制毕业院校及专业 | |  | | | | | | |
| 家庭地址 |  | | | | | | | 联系电话 | |  | | |
| 报考单位 |  | | 报考岗位 | | |  | | | | 岗位代码 | |  |
| 学习和工作简历 | 起止时间 | | 工作单位及职务 | | | | | | | | | |
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| 家庭成员 | 姓名 | | 关系 | | 年龄 | | 工作单位 | | | | | |
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| 审核意见 | 审查人签字：  年 月 日 | | | | | | | | | | | |