蚌埠市卫生健康委委属医院2021年度公开招聘

第二批社会化用人资格审查表

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| 姓 名 | |  | | 民 族 | | | | |  | 健 康  状 况 | | | | |  | |  | | |
| 性 别 | |  | | 籍 贯 | | | | |  | 政 治  面 貌 | | | | |  | |
| 身份证  号 码 | |  | | | | | | | 出 生  年 月 |  | | | | | | |
| 报考单位及岗位代码 | |  | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | 现专业技术职称 | | | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | 是否取得规培证 | | | | |  |
| 最高学历 | |  | | | 所学专业 | | | | | |  | | | | | 学位 | | |  |
| 教育经历 | | 起止时间 | | | | | 毕业院校 | | | | | | 学历 | | | | | 所学专业 | |
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| 家  庭  状  况 | 称谓 | | 姓名 | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | |
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| 诚信承诺 意 见 | | 本人上述所填写的内容和提供的相关材料、证件均真实、有效。如有虚假，取消考试和录取资格。本人已阅读并知晓、同意考试期间疫情防控须知内容。  报考人签名：  年 月 日 | | | | | | | | | | | | | | | | | |
| 单位审核意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | |