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| 附件1  报名登记表 | | | | | | | | | |  |
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| 姓名 |  | | 性别 | |  | 籍贯 |  | | 照片 |  |
| 民族 |  | | 出生年月 | |  | 政治面貌 |  | |  |
| 身份证号码 |  | | | | | 婚姻状况 |  | |  |
| 身体状况 | 健康 / 一般 / 较差 | | | | | 身高 |  | |  |
| **＊**应聘单位 |  | | | | | **＊**应聘岗位 |  | | |  |
| 现住址 |  | | | | | 联系电话 |  | | |  |
| 毕业院校及专业 |  | | | | | 现有学历  学位 |  | | |  |
| 获得荣誉和职称（技术）资格证书 |  | | | | | | | | |  |
| 个人特长   及自我评价 |  | | | | | | | | |  |
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|  |
| 学习（工作）经历 | | | | | | | | | |  |
| 起止时间 | | | | 单位及职务 | | | | | |  |
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| 家庭成员 | | | | | | | | | |  |
| 姓名 | | 关系 | | 单位、住址、职业 | | | | 联系电话 | |  |
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| **＊**成都市新津区人民政府门户网站及医院官方微信作为招聘信息发布的有效途径 | | | | | | | | | |  |
| 以上情况属实。本人签字： | | | | | | | | | |  |

审核人： 复核人： 时间：