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| **西藏林芝市人民医院**  **2018年度专业技术人员报名表**     |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | 性别 |  | | | 出生年月 | |  | 贴  照  片  处 | | 出生地 |  | 民族 |  | | | 政治面貌 | |  | | 学历 |  | 学位 |  | | | 学习类别 | |  | | 毕业 院校 |  | 所学 专业 |  | | | 毕业时间 | |  | | 学生  证号 |  | | | | | | | | | | 联系 电话 |  | 手机 号码 | |  | | | 通讯地址 |  | | | 报考 单位 |  | 报考 岗位 | |  | | | 籍 贯 |  | | | 身份 证号 |  | 是否 在职 | |  | | | 工作单位 |  | | | 所受  奖惩  情况 |  | | | | 获得过何种专业证书，有何专长 | |  | | | | 个人  主要  简历 |  | | | | | | | | | | 家庭主要成员及工作单位和职 务 |  | | | | | | | | | | 诚信  承诺 | 以上提供的个人及家庭成员信息，本人承诺真实无误。若因提供的个人信息有误，导致不能录用，本人承担责任。  签字：  年 月 日 | | | | | | | | |  1. 请报考者如实填写。报考者若隐瞒有关情况或者提供虚假材料的，录用主管机关有权取消报考者的录用资格，   所造成的一切损失由报考者本人承担。2.学习类别是指普高教（普通高等院校）。 |