附件:

宁波市北仑区公开选调校医报名表

报名单位及岗位：

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| 姓 名 | | |  | 性 别 |  | | | 出生年月 |  | | 贴照片处 |
| 民 族 | | |  | 籍 贯 |  | | | 参加工作  时 间 |  | |
| 健康状况 | | |  | | 政治面貌 | | | |  | |
| 身份证号码 | | |  | | | | 联系电话 | |  | | |
| 学历、学位 | | | 全日制教育 |  | | | 毕业院校及专业 | |  | | |
| 在职教育 |  | | | 毕业院校及专业 | |  | | |
| 执业资格证书/取得时间 | |  | | 执业范围 | |  | | | | | |
| 所在单位及职务 | | | |  | | | | | | | |
| 工 作 经 历 | 起止年月 | | | 工作单位及部门 | | | | | | 职 务 | |
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| 奖惩情况 |  | | | | | | | | | | |
| 年度考核情况 |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| 家 庭 成 员 及 主 要 社 会 关 系 | 称谓 | 姓名 | 出生年月 | 政治面貌 | 工作单位及职务 |
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| 自 我 鉴 定 |  | | | | |