附件2

筠连县2020年特岗全科医生报名信息表

（双面打印）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性 别** | | |  | | | **出 生**  **年 月** | |  | | | **照 片** | |
| **民 族** |  | | | **籍 贯** | | |  | | | **出生地** | |  | | |
| **政 治**  **面 貌** |  | | | | | | | | | **健康状况** | |  | | |
| **全日制**  **教 育** | **学历**  **学位** |  | | | | | | **毕业院校及所学专业** | |  | | | | | | |
| **在 职**  **教 育** | **学历**  **学位** |  | | | | | | **毕业院校及所学专业** | |  | | | | | | |
| **身份证**  **号 码** |  | | | | | | | **婚姻**  **状况** | |  | | | | | | |
| **通信地址**  **及 邮 编** |  | | | | | | | | | **联 系**  **电 话** | | |  | | | |
| **执业资格名称** |  | | | | **是否取得全科**  **医学培训合证证书** | | | | |  | | | **注册范围** | | |  |
| **报考单位**  **及 职 位** |  | | | | | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **及主**  **要社**  **会关**  **系** | **称 谓** | | **姓 名** | | | **年龄** | | | **政治面貌** | | **是否有**  **回避关系** | | | **工作单位及职务** | | |
|  | |  | | |  | | |  | |  | | |  | | |
|  | |  | | |  | | |  | |  | | |  | | |
|  | |  | | |  | | |  | |  | | |  | | |
|  | |  | | |  | | |  | |  | | |  | | |
| **资格审查意见** | **（盖章）**  **年 月 日** | | | | | | | | | | | | | | | |
| **承**  **诺** | 本人郑重承诺,此表所填内容全部真实,如有隐瞒或提供虚假情况,愿意承担所有责任。  **签名：**  **年 月 日** | | | | | | | | | | | | | | | |