附件2

**2024年桓仁县全科医生特岗计划公开招聘报名表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | | | 性别 | | |  | | | | 民族 | | |  | | | 出生 日期 | | |  | | | | | 像片  (一寸) |
| 身份 证号 | |  | | |  |  |  |  | | |  |  | | |  |  | |  |  | |  |  | |  |  | |  | |  |  |
| 政治  面貌 | |  | | | | | | | | 学历 | | |  | | | | | | | 学位 | | |  | | | | | | | |
| 毕业院校 及所学专业 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 毕 业 时 间 | | |  |
| 现工作单位 及职务（职称） | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 参加工作时间 | | |  |
| 户口所在地 | 市　　　 县（区）　　　　 乡（街） | | | | | | | | | | | | | | | | | | | | | | 移动电话 | | | | |  | | | |
| 固定电话 | | | | |  | | | |
| 报 考 单 位 | | | |  | | | | | | | | | | | | | | | 报 考 职 位 | | | |  | | | | | | | | |
| 执 业  资 格 | | | |  | | | | | 注册执  业范围 | | | | |  | | | | | 省级卫生计生行政部门培训考核合格证明 | | | | | | | | | |  | | |
| 是否符合报考职位资格条件要求 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 诚  信  承  诺 | | | 本人郑重承诺：本人提交的信息资料真实、准确，经与所报职位报考资格条件核实，确认本人符合该职位的报考资格条件。如本人不符合考试报名条件进行了报名，将无条件服从主管部门做出的取消考试资格的决定。由此产生的一切后果由个人承担。  考生签字：  年　月　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审  查  意  见 | | | 审核人：    审核（章）      年　 月　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：一式二份