附件：

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| **达州市民康医院自主考核引进急需紧缺精神科医生报名表** | | | | | | | | | | | | | |
| 报名序号： | | | | | | | | | 报名时间： | | | | |
| 姓名 |  | | 性别 | | |  | | | 出生年月 |  | | | 照片 |
| 出生地 |  | | 民族 | | |  | | | 政治面貌 |  | | |
| 全日制学历 |  | | 学位 | | |  | | | 毕业时间 |  | | |
| 毕业院校 |  | | | | | | | | 所学专业 |  | | |
| 最高学历 |  | | 毕业学校所学专业 | | |  | | | | | | |
| 身高 |  | | 体 重 | | |  | | | 婚姻状况 |  | | |
| 身份证号 | | | | | | | | |  | | | | |
| 户口所在地（应届毕业生填入学前的） | | | | | | | | |  | | | | |
| 现工作单位 |  | | | | | | 参加工作时间 | |  | 联系电话 | | |  |
| 个人简历 |  | | | | | | | | | | | | |
| 获得过何种专业证书，有何专长 |  | | | | | | | | | | | | |
| 家庭主要成员 | 姓名 | | | 关系 | 工作单位及职务 | | | | | | | 联系方式 | |
|  | | |  |  | | | | | | |  | |
|  | | |  |  | | | | | | |  | |
|  | | |  |  | | | | | | |  | |
| 所受奖惩情况 |  | | | | | | | | | | | | |
| 职能科室审核结果 | |  | | | | | | 党建办审核结果 | | |  | | |