**附件1：**

**南充市中心医院**

**住院医师规范化培训报名表（2018）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 出生年月 | | | |  | | | 2寸照片 | | | | | | |
| 性 别 | |  | | | 籍 贯 | | | |  | | |
| 民 族 | |  | | | 政治面貌 | | | |  | | |
| 婚姻状况 | |  | | | 健康状况 | | | |  | | |
| 有何特长 | |  | | | 既往病史 | | | |  | | |
| 身 高 | |  | | | 体 重 | | | |  | | |
| 英语级别及分数 | |  | | | 最高学历 | | | |  | | | 社会兼职 | | | |  | | |
| 所学专业 | |  | | | 学 位 | | | |  | | | 有无医师执照 | | | |  | | |
| 最后毕业学校 | |  | | | | | | | | | | 毕业时间 | | | |  | | |
| 身份证号 | |  | | | | | | | | | | | | | | | | |
| 是否应届生 | |  | | 是否单位委托培训 | | |  | | 委培医院 |  | | | | | | | | |
| 培训专业志愿 第一： 第二： 第三： | | | | | | | | | | | | | | | | | | |
| 是否服从专业调剂： 是 否 | | | | | | | | | | | | | | | | | | |
| 籍贯 省 市[县] 区 | | | | | | | | | | | | | | | | | | |
| 家庭住址 家庭电话 邮编 | | | | | | | | | | | | | | | | | | |
| 本人联系方式 | | 手机 | | |  | | | | | | | E-mail | | |  | | | |
| 其它方式 | | |  | | | | | | |  | | |  | | | |
| 工 作（实习） 经 历 | | | | | | | | | | | | | | | | | | |
| 临床工作起止时间 | 医院  名称 | | 医院级别 | | | 从事工作 | | | 证明人 | | 证明人  职务 | | | 证明人  联系电话 | | | 备注 |
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| 履历（包括高中以上学历） | | | | | | | | | | | | | | | | | | |
| 年月日-年月日 | | 何 单 位 | | | | | | 任 职 | | | | | 离 开 方 式 | | | | | |
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| 获奖情况 | |  | | | | | | | | | | | | | | | | |
| 备 注 | | 报考学员本人承诺：所提供的报名信息及相关资料完全属实，如有弄虚作假，本人愿承担一切后果和责任！  报考学员签名：  日 期： | | | | | | | | | | | | | | | | |

备注：相关证书、资料原件于报到时提供。