**齐齐哈尔医学院公开招聘报名信息表**

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| **姓名** |  | | | **性别** | |  | | **出生年月** | |  | | | | **照片** |
| **政治面貌** |  | | | **民族** | |  | | **籍贯** | |  | | | |
| **少数民族语言** |  | | | **婚否** | |  | | **电话** | |  | | | |
| **身份证号码** |  | | | | | | | | | | | | |
| **高中生源地** |  | | | | | | | | **E-mail** | |  | | | |
| **学习经历**  **（从高中填起）** | **起止时间** | | | | **学校/单位** | | | | | | **专业/领域** | | | **学位/职务** |
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| **担任主要学生干部**  **经历** | **类别** | | **起止时间** | | | | | | | **单位** | | | **职务** | |
| **本科**  **阶段** | |  | | | | | | |  | | |  | |
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| **研究生**  **阶段** | |  | | | | | | |  | | |  | |
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| **工作经历** | **起止时间** | | | | **工作单位** | | | | | | | | **岗位** | |
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| **参加社会实践经历（从本科填起）** | **起止时间** | | | | **单位** | | | | | | **工作内容** | | | |
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| **校级及以上**  **奖励情况**  **（从本科填起）** | **颁奖时间** | | | | **颁奖单位** | | | | | | **荣誉称号** | | | |
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| **家庭主要成员及**  **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：** | | | | | | | | | | | | | | |
| 个**人承诺** | 一、本人已认真阅读招考公告、简章、须知等考试政策文件，确认符合报名条件要求。  二、本人承诺在考试申报系统中填写的各项个人信息均准确、真实，毕业证书、学位证书、职称证书、身份证等证件的原件均符合国家规定且真实、有效，没有以他人身份、他人照片或其他方式进行虚假报名。  三、考试时遵守考场规则，不作弊，不请人代考。  四、如本人有违背上述任何一款的情况，愿意承担相应的法律责任及后果。    **本人签名： 年 月 日** | | | | | | | | | | | | | |

**备注：此表请用A4纸正反打印。**