[皖南医学院第二附属医院儿科医生招聘报名表](http://www.yjsyy.com/Editor/eWebeditor/uploadfile/20121206161108793.xls)

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| 姓 名 | | |  | | 性别 |  | 出生年月 | | |  | | | | 身份证 | |  | | | | 一寸照片 |
| 政治面貌 | | |  | | 学历 | |  | | | | | | | 专业 | |  | | | |
| 毕业学校 | | |  | | | | | | 毕业时间 | | | | | | |  | | | |
| 健康状况 | | |  | 裸眼视力 | | | | |  | | | | | | | 矫正视力 | | | |  |
| 兴趣爱好 | | |  | | | | | 身高 | | |  | | | | | 婚姻状况 | | | |  |
| 外语等级 | | |  | | | | | 计算机等级 | | | | | | | |  | | | | |
| 执业证书 | | | 有□（ ） 无□ | | | | | | | | | | | | | 是否服从分配 | | |  | |
| 应聘专业 | | |  | | | | | | | | | | | | | | | | | |
| 通讯地址 | | |  | | | | | 联系电话 | | | | | | | 宅电： | | | | | |
| 手机： | | | | | |
| 家庭主要成员 | 称谓 | | 姓名 | 工作单位 | | | | | | | | 学  习  及  工  作  简  历 | | | 时间 | | | 简历 | | |
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| 获奖情况 | | |  | | | | | | | | | | | | | | | | | |
| 笔试座位号 | | |  | | | | | | | | | | 面试抽  签号 | | | |  | | | |
| 诚信  承诺 | | 本人承诺以上所填内容和提交材料属实，在报考中遵守贵院的招聘规定，否则本次考试成绩无效，取消录用资格。    签名：  年 月 日 | | | | | | | | | | | | | | | | | | |

备注：①报名时请提供身份证、毕业证、学位证、资格证等证书原件及复印件。

②交近期1寸同底照片2张。

③此表用黑色签字笔填写。