**泰兴市中医院招聘报名登记表**

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓　名 |  | 身份证号 | | |  |  | |  |  |  |  |  | |  | |  |  | |  |  | |  | |  |  |  |  |  | |
| 性　别 |  | 民 族 | | |  | | | | | 政治面貌 | | |  | | | | | | | | 贴  照  片  处 | | | | | | | |
| 籍 贯 |  | 家庭住址 | | |  | | | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | 是否应届生 | | | | |  | | | | | |
| 所学专业 |  | | | | 毕业时间 | | | | |  | | | | 学 历 | | |  | | | |
| 现工作单位 |  | | 职称 | | | |  | | | 联系电话 | | | | | | |  | | | | | | | | | | | |
| 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓 名 | 关系 | | 所在单位 | | | | | | | | | | | | | | 职务 | | | | | 回避关系 | | | | | |
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| 承诺 | 本人自身条件符合“招聘公告”规定的要求，并对相关证件及所填报内容的完整性、真实性、准确性负责。如有虚假，自愿按有关规定取消考试、聘用资格。  特此承诺。  承诺人：  年 月 　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |