**附表1**

**2018年九江经开区人民医院面向社会公开**

**选调在编医务人员报名登记表**

        报考：             （岗位名称）        联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | 出生年月 | | | |  | | 参加工作时间 | | |  | 邮箱 | | |  | |
| 现工作单位 |  | | | | | | | | 身份证号码 | |  | | | | | 专业技术职称名  称 |  | | | | |
| 学历情况 | 毕业院校 | | | | | | | 是否全日制普通院校 | | | 专业类别 | | | | | 专业 | | | | 层次 | |
| 第一  学历 |  | | | | | |  | | |  | | | | |  | | | |  | |
| 第二  学历 |  | | | | | |  | | |  | | | | |  | | | |  | |
| 执业资格证 | | | 学科 | |  | | | 层次 | | |  | 发证机构 | | | |  | | 时间 | | |  |
| 工作经历 | | | 工作起始时间 | | | | | | | 工作单位 | | | | | 工作的科室 | | | | 出具证明单位 | | |
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| 参加工作以来历年考核情况 | | |  | | | | | | | | | | | | | | | | | | |
| 奖励情况 | | | 荣誉及奖励名称 | | | | | | | | 取得时间 | | | 授予单位 | | | | | | | |
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|  | | | | | | | |  | | |  | | | | | | | |
| 承  诺 | | | **本人已阅读2017九江经开区面向社会公开选调在编医务人员的条件，对上述信息真实性负责，如有虚假，愿按招考部门有关纪律处理。 特此承诺。**    签名：            日期：     年    月    日 | | | | | | | | | | | | | | | | | | |
| 资格审查  结果 | | |  | | | | | | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | |

**注：自行下载填写，报名时交一份到报名处。**