附件2

2025年沈阳市医疗卫生系统面向国内部分

医学院校招聘应届毕业生报名登记表

**报名号：**

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| **姓 名** |  | | | **性 别** | | |  | | | **一寸免冠照片** | | |
| **出生年月** |  | | | **政治面貌** | | |  | | |
| **学 历** |  | | | **学 位** | | |  | | |
| **籍 贯** |  | | | **出生地** | | |  | | |
| **健康状况** |  | | | **报名岗位序号及岗位** | | |  | | | | | |
| **联系电话1** |  | | | **联系电话2** | | |  | | | | | |
| **身份证号码** |  | | | | | | | | | | | |
| **学习经历（从高中填起，包括住院医师规范化培训经历）** | | | | | | | | | | | | |
| **起止年月** | **就读院校** | | | **专业(研究方向)** | | | | | **学历** | | | **学位** |
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| **学生会、社团、校内职务** | | | | | | | | | | | | |
| **起止时间** | **社团名称** | **职务** | | | **工作简介** | | | | | | | |
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| **有何**  **特长**  **及突**  **出业**  **绩** |  | | | | | | | | | | | | |
| **奖 惩**  **情 况** |  | | | | | | | | | | | | |
| **家庭**  **主要**  **成员** | **称谓** | | **姓名** | | | **出生日期** | | **政治面貌** | | | **工作单位及职务** | | |
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| **一、填表说明：此表须如实填写，并与所报的岗位条件相符，如不相符，将取消面试或聘用资格，后果由本人负责。**  **二、诚信承诺：此表所填的内容及提供的有关证件材料真实有效，不存在公告中不得报考情形，否则，由此引起的一切后果将由本人负责。**  **报名者（本人签字）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **年 月 日** | | | | | | | | | | | | | |
| **备 注** | **填写并A4纸正反面打印，本人签字后上传。** | | | | | | | | | | | | |