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| 附件2： | | | | | | | | | | |  |  | |  |
| **儋州市中医医院公开招聘专业技术人才报名登记表** | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 |  | 出生年月 | | | |  | | | 相片 | |
| 政治 面貌 |  | | | 民族 |  | 籍贯 | |  | | 健康  状况 |  | |
| 毕业院校及时间 | | | |  | | | | | | 婚否 |  | |
| 学历 | | | |  | | | 所学专业 | | | | | | | |
| 现户口所在地 | | | |  | | | 身份证号码 | | | |  | | | |
| 原工作单位 | | | |  | | | 职务或职称 | | | |  | | | |
| 家庭详细地址 | | | |  | | | 联系方式 | | 电话（宅）：  手机： | | | | | |
| 本 人 主 要 简 历 | | 何年何月 | | | 到何年何月 | | 在何学校、何单位工作 | | | | | | | |
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| 报考职位 | | |  | | | | | | | | | | | |
| 用人 单位 意见 | |  | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | |