2020年住院医师规范化培训补允学员报名表（社会化学员）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 年龄 | | |  | | 政治面貌 | | | |  | | | | 两寸免冠彩照 | |
| 性别 |  | | | | | 籍贯 | | |  | | 婚姻状况 | | | |  | | | |
| 民族 |  | | | | | 健康状况 | | |  | | 既往病史 | | | |  | | | |
| 学历 |  | | | | | 学位 | | |  | | 是否应届毕业 | | | | | |  | |
| 英语水平 |  | | | | | 计算水平 | | |  | | | 所学专业 | | | |  | | | | |
| 有无执业医 | | |  | | | | | 执业证编号 | | | |  | | | | | | | | |
| 毕业学校 | |  | | | | | | | | | | | 毕业时间 | | | |  | | | |
| 身份证号 | |  | | | | | | | | | | | | | | | | | | |
| 培训专科志愿 | | | |  | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | 邮编 | |  |
| 联系方式 | | 手机 | | |  | | | | | 电话 |  | | | | | | | E-mail | |  |
| 学习及工作经历（完整填写自高中至今日的学习工作经历） | | | | | | | | | | | | | | | | | | | | |
| 年月至年月 | | | | | | | 单位 | | | | | | | 简要说明事项 | | | | | | |
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| 学习/工作期间  所受奖励 | | | | |  | | | | | | | | | | | | | | | |
| 是否需要医院提供宿舍 | | | | | | | 是（　）　否（　） | | | | | | | | | | | | | |
| 申请人  意见 | | 本人志愿参加住院医师培训，并遵守培训协议与合同；保证上述填写事项直实可靠，如有虚假，本人愿意承担一切责任和后果。  签名：　　　　　　日期： | | | | | | | | | | | | | | | | | | |