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| **姓 名** |  | | **性 别** | |  | | | **出生日期** | | |  | | 标  准  照  片 | | |
| **民 族** |  | | **政治面貌** | |  | | | **籍 贯** | | |  | |
| **婚姻状况** |  | | **身 高** | |  | | | **是否取得执业证** | | |  | |
| **学 历** |  | | **学 位** | |  | | | **外语程度** | | |  | |
| **毕业院校专业** |  | | | | | | | | | | | |
| **家庭电话** |  | | **手机号码** | |  | | | | | | | |
| **身份证号** | | |  | | **现居住地地址** | | | | | |  | | | | |
| **学**  **习**  **及**  **工**  **作**  **经**  **历** |  | | | | | | | | | | | | | | |
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| **校内任职及**  **社团活动情况** |  | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员** | **姓名** | **性别** | | **称呼** | | | **年龄** | | **工作单位** | | | | | | **职务** |
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| **有何特长** | |  | | | | | | | | | | | | | |
| **资格审查** | | **是否合格** | | | | **🗆 是 🗆 否** | | | | **是否合格** | | | | **🗆 是 🗆 否** | |
| **初审人员签字** | | | |  | | | | **复审人员签字** | | | |  | |
| **身高测量** | | **初测身高（cm）** | | | |  | | | | **复测身高（cm）** | | | |  | |
| **初测人员签字** | | | |  | | | | **复测人员签名** | | | |  | |
| **笔试成绩** | | **面试成绩** | | | | **总分数** | | | | | | **是否录取** | | | |
|  | |  | | | |  | | | | | | **🗆 是 🗆 否** | | | |

**遂宁市第一人民医院护士规范化培训报名登记表**