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| **遂宁市第一人民医院护士规范化培训报名登记表**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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** |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **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** | |  |  | |  | | |  | |  | | | | | |  | |  |  | |  | | |  | |  | | | | | |  | |  |  | |  | | |  | |  | | | | | |  | | **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** | | **身高（cm）** | | | |  | | | | **测量人员签名** | | | |  | | | **笔试成绩** | | **面试成绩** | | | | **总分数** | | | | | | **是否录取** | | | | |  | |  | | | |  | | | | | | **\*** **是    \*** **否** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |