附件2

南京市溧水区中医院2021年公开招聘第一批备案制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | | | | 籍贯 | | | | | |  | | | | | | | 性别 | | | |  | | | | 婚姻状况 | | | | |  | | （贴照片处） | |
| 民族 |  | | | 出生年月 | | | | | | |  | | | | | | | | | 政治  面貌 | | | |  | | | | | | | | | | |
| 身份证号 |  |  |  | |  |  | | |  | | |  | |  |  | |  | |  | |  | |  |  | | |  | |  | |  | | |  |
| **报名情况** | 报考岗位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现有专业技术资格 |  | | | | | | | 现有专业技术资格取得时间 | | | | | | | | | | |  | | | | | | 是否已完成规培 | | | | | | | |  | | | |
| **教育情况** | 最高学历 |  | | | | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | | | | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | 毕业专业 | | | | | | | | | | |  | | | |
| 初始学历 |  | | | | | 毕业时间 | | | | | | | |  | | | | | | | | 毕业专业 | | | | | | | | | | |  | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | 论文发表期刊级别  、数量 | | | | | | | | | | |  | | | |
| 是否为SCI收录论文 | | | | 是 | | | | | | | | | | 否 |
| 论文数量 | | | | | | 影响因子 | | | |
|  | | | | | |  | | | |  |
| **其他信息** | 原工作  单位 |  | | | | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | | | | |  | | | |
| 本人联系电话 |  | | | | | | | | | 报名前14天内是否来自、出入新冠肺炎疫情中、高风险地区 | | | | | | | | 是（请填写具体地区） | | | | | | | | | | | | 否 | | | | | | |
|  | | | | | | | | | | | |  | | | | | | |
| **本人确认签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 报考单位审查意见  印章  年　　月　　日 | | | | | | | | | | | | | | | | 主管部门审查意见  印章  年　　月　　日 | | | | | | | | | | | | | | | | | | | | |