原州区2019年全科医生特设岗位招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 |  | | 联系电话 | | |  | | 近期白底  免冠彩照  （一寸） |
| 籍 贯 | |  | | | 民族 |  | | 政治面貌 | | |  | |
| 学 历 | |  | | | 身份证号 | |  | | | | | |
| 毕业院校及专业 | | | | |  | | | | | | | |
| 医师资格证书编号 | | |  | | | | | 执业类别 | | | |  |  |
| 医师资格证取得时间 | | |  | | | | | 执业范围 | | | |  | |
| 医师执业证书取得时间 | | | |  | | | | 执业地点 | | | |  | |
| 培  训  经  历 |  | | | | | | | | | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | |
| 区卫健局审核意见 | 年  月   日 | | | | | | | | 区人社局审核意见 | 年  月   日 | | | |