|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2  2023年成都市双流区大学生乡村医生专项招聘报名表 | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | |  | | 籍贯 | | |  | 照片 |
| 出生年月 |  | | | 民 族 | | |  | 政治面貌 | | |  |
| 最高学历 | |  | | 专业 | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | |
| 毕业时间 | |  | | 身体健康状况 | | | | |  | | |
| 报考岗位 | |  | | | | | | | | | |
| 手机号码 | |  | | | 身份证号码 | | | | |  | | |
| 是否服从调配 | | |  | | | | | | | 是否规培 | |  |
| 现住址 |  | | | | | | | | | | | |
| 本人简历 |  | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | |
|
|
| 家庭主要成员 |  | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | |