**附件3：**

**聊城市人民医院2024年住培招收社会人报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生日期** | **年 月 日** | | **近期**  **一寸白底**  **免冠彩色**  **正面照片** | |
| **民族** |  | **身份证号** |  | | | |
| **第一**  **学历**  **学位** | **学历** |  | **毕业院校** |  | | |
| **学位** |  | **专业** |  | **毕业时间** |  |
| **最高**  **学历**  **学位** | **学历** |  | **毕业院校** |  | | | **政治**  **面貌** |  |
| **学位** |  | **专业** |  | **毕业时间** |  | **健康**  **情况** |  |
| **报考住培专业** | |  | | | | **是否服从调剂**  **（是或否）** | |  |
| **手机号码** | |  | | **E-mail** |  | | | |
| **医师资格证书编号** | |  | | | | | | |
| **医师执业证书编号** | |  | | | | | | |
| **通讯地址** | |  | | | | | | |
| **个人简历（从大学本科入学开始填写）** | | | | | | | | |
| **起止年月** | | **学习或工作单位** | | | | | | |
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