**附件2：**

**云南中医药大学第二附属医院2024年面向社会公开招聘 劳务派遣工作人员报名登记表**

**报考岗位及代码 ：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **基本情况** | 姓 名 |  | | | | | | | | | 性 别 | | | | |  | | | | 籍 贯 | | | | |  | | | | | | | （贴照片处） |
| 民 族 |  | | | 出生年月 | | | | | |  | | | | | | | 政治面貌 | | | | | | |  | | | | | | |
| 身份证号 |  |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  |  | |  | |  |  | |  |
| 最高学历 |  | | | | | | | 毕业专业 | | | | |  | | | | | | | | 毕业时间 | | | | | | | |  | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | 实习单位 | | | | | | | |  | | |
| 外语水平 |  | | | | | | | | | | | | | | | | | | | | 住院规培医院 | | | | | | | |  | | |
| 职称及取得时间 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | 联系电话（手机） | | | | | | | |  | | |
| **主要教育经历**  **（从高中开始）** | | **起始时间** | | | | | **毕业学校** | | | | | | | | | | | | | | | | | | | | **学历** | | | | | **所学专业** |
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| **奖励情况**  **（校级及以上）** | | **时间** | | | | | **获得奖励** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **实习或工作经历** | | **时间** | | | | | **工作单位和工作职责** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **其他需要**  **说明的情况** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺书 | | 本人郑重承诺：  上述填写内容和报名时提供的相关证件真实可靠，符合招聘公告的报名条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。  承诺人：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** | 资格审查意见： ① 符合报名条件 ②不符合报名条件  盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：此表双面打印