附件2：

宁波市江北区中医院公开招聘高层次人才报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  | 近期免冠  一寸彩照 | | |
| 性 别 |  | 户 籍 | |  | | | | | 民族 | | |  | | | | 政治面貌 | | | | |  | | | |  | |
| 初始学历 |  | 毕业  时间 | |  | | | | | 毕业院校  及专业 | | | | | | |  | | | | | | | | |
| 最高学历 |  | 毕业  时间 | |  | | | | | 毕业院校  及专业 | | | | | | |  | | | | | | | | | | |
| 参加工作  时间 |  | 健康  状况 | |  | | | | | 专业技术职称 | | | | | | |  | | | | | | | 取得  时间 | | |  |
| 现工作  单 位 |  | | | | | | | | 是否  在编 | | | |  | | | 现任职务  及任职时间 | | | | | | |  | | | |
| 医院等级 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | | |
| 移动电话 | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  重要  社会  关系 | 与本人关系 | | 姓名 | | | | 出生年月 | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | |
| 配偶 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 子女 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 父亲 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 母亲 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 配偶父亲 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 配偶母亲 | |  | | | |  | | | | | |  | | | | | | |  | | | | | | |