附件

[杭州市医学学会服务中心公开招聘编外人员报名表](http://www.zjhz.lss.gov.cn/html/uploads/file4698.docx" \t "_self)

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | 身份证号 |  |  |  | |  |  | |  | |  |  | |  |  | |  | |  |  |  |  | |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 | | |  | | 民族 |  | | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 学历  学位 | | |  | | | | | | | | | 毕业时间 | | | | | | | |  | | | | | | | | | | | |
| 参加工作时间 | | |  | | 健康状况 |  | | | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | |
| 移动电话 | | | | | | | | |  | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | |
| 最高学历  毕业院校 | | | |  | | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | 岗位职务 | | | | | | | | |  | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （盖章）  年 月 日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容必须填写齐全。**