附件4

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| 武隆区教育、卫生事业单位考核招聘2022届公费师范生、农村订单定向医学生报名资格审查表报考岗位： |
| 姓 名 | 　 | 性别 | 　 | 政治面貌 | 　 | 贴照片处 |
| 毕业学校及专 业 | 学历学位 | 专业 | 学校 |
| 　 | 　 | 　 |
| 身份证号码 | 　　 | 毕业时间 | 　 |
| 常住家庭地址 | 　 | 资格证种类 | 　 |
| 户籍所在地 |  | 联系电话 | 　 |
| 个人简历 |  |
| 获惩情况 | 　 |
| 填写信息属实承诺 | 本人承诺，符合本次报考条件及职位资格条件，本表所填写信息真实有效，否则后果自行负责。填表人签名：  年 月 日 |
| 审核人签字 | 　 |

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