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 | |  | | | | | | | |