# 附件2（报名序号： ）

# 2022年辽阳市全科医生特岗计划公开招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 考生姓名 |  | | | | | | | | | 性别 | | | | | | | |  | | | | | | | 民族 |  | | 打印照片处  （2寸近期证件  照片） |
| 身份证号码 |  |  | |  |  |  |  |  |  |  |  |  | |  |  | |  | |  |  |  |  | | | 户籍 |  | |
| 学 历 |  | | | | | | | | | | | | 学 位 | | | | | | | | | |  | | | | |  | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | | | | | | | 毕业时间 | | | | | | | |  | | | |
| 报考岗位要求的资格 证书 |  | | | | | | | | | | | | | | | | | | | | | | | 移动电话1 | | |  | | |
| 移动电话2 | | |  | | |
| 固定电话 | | |  | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历 | （从高中起点） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 考生承诺书：  保证符合该岗位报考条件，提供的所有材料、证件真实有效。否则同意取消聘用资格，责任自负。  承诺人（考生手写签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | | 审查人签字： 单位盖章：      年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、招考岗位的资格条件信息为必填项，不得漏填或错填。

1. 此表除承诺人签字需本人亲笔填写外，其余信息均要求打印（包含照片）。
2. 报名序号由工作人员填写。