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| 附件2   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **高坪区2019年考核招聘卫生事业单位工作人员**报名信息表 | | | | | | | | 姓 名 |  | 性别 |  | 政治面貌 |  |  | | 出生年月 |  | 籍贯 |  | 民族 |  | | 毕业院校 |  | | | 毕业时间 |  | | 学历学位 |  | | | 所学专业 |  | | | 报考单位 |  | | | 联系电话 |  | | | 考生类别 | 〇农村订单定向医学生  〇贫困地区定向贫困地区定向医学专科生  〇“三支一扶”人员 | | | | | | | 本人学习和工作经历 |  | | | | | | | 本人承诺 | 上述填写内容及报名附带材料真实完整。如有不实，责任自负。  申请人（签字）：  年 月 日 | | | | | | | 卫健局  意 见 | 审核人：  年 月 日 | | | | | | | 人社局  意 见 | 审核人：  年 月 日 | | | | | | | 备注 |  | | | | | | |  |  |  |  |  |

**注：①此表在网上自行下载，内容由考生本人填写。**

**②报名时交此表一份并粘贴2寸正面免冠彩色照片1张。**

**③“报考单位”填“招聘单位”**