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| 附件1 阜阳市妇幼保健医院2017公开招考专业技术人员 报名资格审查表 | | | | | | | | | | | | | | |
|  |  |  |  | | |  | |  | | | |  | |  |
| 姓名 |  | 性别 |  | 出生   年月 | |  | | | | | | | | 相 片 （白底小二寸） |
| 籍贯 |  | 民族 |  | 政治                                                                                                                                                  面貌 | |  | | | 健康  状况 | | |  | |
| 身份证 号码 |  | | | | | | | | | | | | |
| 报考 岗位 |  | | | | | | | | | | | | | |
| 毕业   院校 |  | | | 学历 |  | | | | | 学位 | | | |  |
| 所学 专业 |  | | 毕业 时间 |  | | | 资格证名称 | | | |  | | | |
| 家庭   住址 |  | | | 联系 电话 | |  | | | | | 手机号码 | |  | |
| 工   作   经   历 |  | | | | | | | | | | | | | |
| 诚信   承诺   意见 | 本人提供材料及上述信息填写真实、有效。如有虚假，责任自负。 | | | | | | | | | | | | | |
| 考  生（签名）：                          年      月       日 | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | |
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