附件：

**绵阳市中医医院2020年规培护士报名表**

**填写人签章（需加盖手印）： 填写日期：**

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| 姓 名 | |  | | | | | 出生日期 | |  | | | | 两  寸  彩  照 | | | |
| 性 别 | |  | | | | | 籍 贯 | |  | | | |
| 民 族 | |  | | | | | 健康状况 | |  | | | |
| 政治面貌 | |  | | | | | 婚姻状况 | |  | | | | 既往病史 | |  | |
| 学 历 | |  | | | | | 身 高 | | CM | | | |
| 毕业学校 | |  | | | | | | | | | | | 有无执业资格证书 | |  | |
| 所学专业 | |  | | | | | | | | | | | 毕业时间 | |  | |
| 身份证号 | |  | | | | | | | | | | | 是否  应届生 | |  | |
| 联系方式 | | 手 机 | | |  | | | | 通讯地址 | | | |  | | | |
| E-mail | | |  | | | | 家庭电话 | | | |  | | | |
| **工作（实习）经历** | | | | | | | | | | | | | | | | |
| 临床工作起止时间 | 时间  长度 | | 医 院  名 称 | | | 医 院级 别 | | 科 室 | | | 职 务 | 证明人 | | 证明人  现任  何职 | | 证明人  联系  电话 |
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| **学 习 履 历（需包括小学以上学历）** | | | | | | | | | | | | | | | | |
| 年月日 至 年月日 | | | | 何学校(单位) | | | | | | 何种学历(职业、职务) | | | | | | |
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| 备 注 | | | |  | | | | | | | | | | | | |

填表说明：1、工作（实习）经历中已工作者，二者均要填写；尚未参加工作者，需将所实习的科室如实填写。

2、填写人对以上填写内容的真实性负责。