郑州大学第五附属医院2022年博（硕）士毕业生应聘报名表

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | | |
| 姓名 |  | | 性别 |  | 出生日期 | |  | | | | 民族 | |  | | 本人照片 | | |
| 政治面貌 |  | | 籍贯 |  | | | 身份证号 | | |  | | | | |
| 身高 |  | | 学历 |  | | | 学制（年） | | |  | | | | |
| 所学专业 | | |  | | | | 应聘专业 | | |  | | | | |
| 有无医师资格证 | | |  | | | | 有无规培证书 | | |  | | | | |
| 健康状况 |  | | | 婚否 | |  | | | | 联系电话 | | | | |  | | |
| **二、个人简历（自高中填起）** | | | | | | | | | | | | | | | | | |
| 起止时间 | | 在何地何单位 | | | | | | | 专业 | | | 学位 | | | | 任何职务 |
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| **三、其他信息** | | | | | | | | | | | | | | | | | |
| 家庭主要成员姓名、工作单位、职业、政治面貌，现与本人关系 | | |  | | | | | | | | | | | | | | |
| 本年度是否报考博士研究生 | | |  | | | | | | | 是否同意  调剂到其他专业 | | | |  | | | |
| 研究方向 | | |  | | | | | 导师姓名 | | |  | | | | | | |
| 个人特长 | | |  | | | | | | | | | | | | | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。  签名（请勿打印，须亲笔书写）： | | | | | | | | | | | | | | | | | |