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附件2

柯城区医疗卫生事业单位人才引进基本情况表

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| **姓 名** | |  | | | **性别** | |  | **民**  **族** |  | | **户口所在县（区）** | |  |  |
| **出生日期** | |  | | | **政治面貌** | | |  | | | **入党时间** | |  |
| **参加工**  **作时间** | |  | | | **专业特长** | | |  | | | **联系电话** | |  |
| **身份证号** | |  | | | | | | **家庭住址** | | |  | | |
| **全日制**  **学历学位** | |  | | | **毕业时间、院校**  **、所学专业** | | | | | |  | | | |
| **在职教育**  **学历学位** | |  | | | **毕业时间、院校**  **、所学专业** | | | | | |  | | | |
| **现工作单位及职务职称** | | |  | | | | | | | | **编制性质** | |  | |
| **申报引进**  **单位及岗位** | | |  | | | | | | | | **档案所在地** | |  | |
| **引进条件** | | | 🞎45周岁以下，中级卫生专业技术资格，区外医疗卫生单位在职在编的卫生专业技术人员；  🞎全日制医学相关专业硕士研究生；  🞎副高以上卫生专业技术资格人员。 | | | | | | | | | | | |
| **奖惩**  **情况** |  | | | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | | |
| **家庭成员和主要社会关系** | **称 谓** | | | **姓 名** | | **出生年月** | | | | **政治面貌** | | **工作单位及职务** | | |
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| **备注** |  | | | | | | | | | | | | | |

填报人签名： 审核人签名： 填表日期： 年 月 日