附件1

**川北医学院附属医院2024年住院医师规范化培训报名表**

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| 姓 名 | | |  | | | | 出生日期 | | | | |  | | | | | | | 纸质贴两寸彩照 电子档插入彩照 | | | | | |
| 性 别 | | |  | | | | 籍 贯 | | | | |  | | | | | | |
| 民 族 | | |  | | | | 政治面貌 | | | | |  | | | | | | |
| 婚姻状况 | | |  | | | | 健康状况 | | | | |  | | | | | | |
| 身　　高 | | |  | | | | 体　　重 | | | | |  | | | | | | |
| 身份证号 | | |  | | | | | | | | | | | | 是否应届生 | | | | | | | |  | |
| 本科毕业院校 | | |  | | | | 本科毕业专业 | | | | |  | | | | | | 毕业时间 | | | | |  | |
| 最高学历  毕业学校 | | |  | | | | 最高学历  毕业专业 | | | | |  | | | | | | 毕业时间 | | | | |  | |
| 学位（学术型/专业型） | | |  | | | | 有无医师资格证书（编号或成绩） | | | | |  | | | | | | 英语水平 | | | | |  | |
| 有何特长 | | |  | | | | | | | | | | | | 是否服从  专业调剂 | | | | | | | |  | |
| 培训专业志愿 第一： 　　　　　 　　 第二： 　　　　 第三： | | | | | | | | | | | | | | | | | | | | | | | | |
| 生源地 省 市 [县、区] | | | | | | | | | 平均成绩 | | |  | | 年级排名 | | |  | | | | | 年级总人数 | |  |
| 本人联系方式 | | 手机 | | | |  | | | | | | | | | QQ号码 | | | | | | |  | | |
| E-mail | | | |  | | | | | | | | | 其它方式 | | | | | | |  | | |
| 家庭（父母）住址： 　　　　　　　　 联系电话： 　 邮编： | | | | | | | | | | | | | | | | | | | | | | | | |
| 履历（从高中填起） | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 所在单位 | | | | | | | | | 担任何职 | | | | | | | | | | 离开方式 | | | |
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| 工　作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 临床工作  起止时间 | 医 院  名 称 | | | 医 院级 别 | | | | 所在科室  （从事专业） | | | | | 职 务 | | | 证明人 | | | | | | | 证明人  联系电话 | |
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| 南充市联络人员  （如无，可不填写） | | 姓 名 | | | 关 系 | | | | | 工作单位 | | | | | | | | | | 联络方法 | | | | |
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| 参加住院医师规范化培训希望与要求 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 参加住院医师规范化培训所存疑问及顾虑 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 信息确认  （必签字确认） | | 本人承诺：**以上填报信息及提交资料真实有效，如有作假，本人愿承担一切后果和责任！**  承诺人：  日　期： | | | | | | | | | | | | | | | | | | | | | | |