附件1：河南省胸科医院2019年公开招聘研究生报名表

**应聘专业**： **院校** **专业**： **最高学历**：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、申请人基本信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 |  | 出生日期 | | |  | | | | | | | | | 民族 | |  | | | | 本人照片 |
| 职称 | |  | | 政治面貌 | |  | | | 籍贯 | |  | | | | 导师姓名 | | | | |  | | | |
| 攻读学位 | | |  | 专业名称 | |  | | | 身份证号 | | |  | | | | | | | | | | | |
| 培养方式 | | |  | 医师资格书情况 | | | |  | | | 执业证书情况 | | | | | |  | | | | | | |
| 婚姻状况 | | |  | 是否参加住院医师规范化培训（是/否） | | | | | |  | | | | 是否已取得规培证（是/否） | | | | | | | | |  | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 健康状况 | | |  | | 电子信箱 | | |  | | | | | | | | 联系电话 | | | | |  | | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | 所 在 学 校 | | | | | | | | | 专 业 | | | | | | | | | 学 位 | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| 工  作  简  历 | 起止时间 | | | 所 在 单 位 | | | | | | | | | 从事专业 | | | | | | | | | 工作岗位 | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| — | | |  | | | | | | | | |  | | | | | | | | |  | | |
| 曾担任职务  （注明起止时间） | | | |  | | | | | | | | | 是否同意调剂到  其他专业 | | | | | | | | |  | | |
| 外语能力（级别） | | | |  | | | | | | 计算机能力（级别） | | | | | | | | |  | | | | | |
| 个人优势 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 学位论文情况 | | | | 硕士论文题目 | | |  | | | | | | | | | | | | | | | | | |
| 博士论文题目 | | |  | | | | | | | | | | | | | | | | | |
| 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）： | | | | | | | | | | | | | | | | | | | | | | | | |