**2017年珠海市中西医结合医院住院医师规范化培训报名表**

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| **姓 名** | |  | | | **性 别** | | |  | | | | | | 贴  一  寸  彩  照 | | | | |
| **年 龄** | |  | | | **民 族** | | |  | | | | | |
| **籍 贯** | |  | | | **婚姻状况** | | |  | | | | | |
| **政治面貌** | |  | | | **身 高** | | |  | | | | | |
| **健康状况** | |  | | | **既往病史** | | |  | | | | | |
| **毕业学校** | |  | | | **毕业时间** | | |  | **身份证号** | | | | | |  | | | |
| **最高学历** | |  | | | **学 位** | | |  | | | | **所学专业** | | | | |  | |
| **英语考级** | | |  | | | | | **医师资格证号** | | | | |  | | | | | |
| **申报医院名称** | |  | | | | | **申请培训专科** | | |  | | | | | | **是否服从调剂** | |  |
| **家庭住址** | |  | | | | | | | | | | | | **邮 编** | | |  | |
| **手机号码** | |  | | | | **电子邮箱** | | |  | | | | | | | | | |
| **何时何地何事**  **受过何种奖励** | |  | | | | | | | | | | | | | | | | |
| **学习及工作经历（包括大学及以上学历、临床轮训经历）** | | | | | | | | | | | | | | | | | | |
| **年月日至年月日** | | | | **学校或医院名称** | | | | | | | **专 业** | | | | | | **任 职** | |
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| **申**  **请**  **人**  **意**  **见** | **本人自愿参加住院医师培训，并遵守培训合同。**  **申请人签字**  **年** **月** **日** | | | | | | | | | | | | | | | | | |