2019年湛江中心人民医院住院医师规范化培训报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 出生年月 | |  | 政 治 面 貌 | | | | |  |  | | | | | 照片 |
| 性 别 | |  | | | 籍 贯 | |  | 婚 姻 状 况 | | | | |  |  | | | | |
| 民 族 | |  | | | 健康状况 | |  | 英语水平 | | | | |  |  | | | | |
| 学 历 | |  | | | 学 位 | |  | 医师执业证 | | | | |  | 有( )无( ) | | | | |
| 毕业学校和专业 | |  | | | | | | 毕 业 时 间 | | | | |  |  | | | | | |
| 身份证号 | |  | | | | | | |  | | 家庭联系人 | | | | |  | | | |
| 家庭地址 | |  | | | | | | |  | | 联系电话 | | | | |  | | | |
| 培训专科志 愿 | | 第一 | | | | | 第二 | | | | | |  | 第三 | | | | | |
| 委培单位意见 （委培医院盖章） | | |  | | | | | | | | | |  | 联系  电话 | | |  | | |
|  | 临床工作经历 | | | | | | | | | | | | | | | | | | |
| 医院名称 | | 等级 | | 科室 | | 起止时间 | | 工作  表现 | |  | | 证明人 | | | 证明人  职务 | | | 证明人  联系电话 | |
|  | |  | |  | |  | |  | |  | |  | | |  | | |  | |
|  | |  | |  | |  | |  | |  | |  | | |  | | |  | |
|  | |  | |  | |  | |  | |  | |  | | |  | | |  | |
|  | 学习经历（从高中开始填起） | | | | | | | | | | | | | | | | | | |
| 学校名称 | | 学习起止时间 | | | | | 所学专业 | 学 位 | |  | | 证明人 | | | 证明人  职务 | | | 证明人  联系电话 | |
|  | |  | | | | |  |  | |  | |  | | |  | | |  | |
|  | |  | | | | |  |  | |  | |  | | |  | | |  | |
|  | |  | | | | |  |  | |  | |  | | |  | | |  | |
|  | |  | | | | |  |  | |  | |  | | |  | | |  | |

本人签名：