**海南省医学会2023年招聘报名登记表**

**应聘岗位：**

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| 基本情况 | 姓名 |  | | 性别 |  | | 出生  日期 | |  | | | 民族 |  | | | | 照片  （电子版） |
| 籍贯 |  | | 政治  面貌 |  | | 入党  时间 | |  | | | 婚姻状况 |  | | | |
| 工作单位 |  | | | 参加工作时间 | |  | | | | 身体状况 | | |  | | |
| 现户籍  地址 |  | | | | | 身份证 | |  | | | | | | | |
| 联系电话 |  | | | | | E-mail | |  | | | | | | | |
| 专业技术职务、任职时间 | | | |  | | | 研究方向及专业特长 | | | | | | | |  | |
| 外语语种 | | | |  | | | 级别水平 | | | | | | | |  | |
| 教育经历（从高中填起） | 起止日期 | | | | 毕业院校 | | | 毕业专业 | | | | | | | | | |
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| 工作经历 | 起止日期 | | | 工作单位及职务职称 | | | | | | | | | 从事工作  （博士后请注明合作导师及单位） | | | | |
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| 家庭主要成员及主要社会关系  说明：个人直旁系三代血亲及近姻亲有在博鳌乐城国际医疗旅游先行区参与项目管理或工作的请说明。 | | | | | | | | | | | | | | | | | |
| 与本人关系 | | | 姓名 | | | 所在单位 | | | | 职务 | | | | | 说明 | | |
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| 工作业绩和所获奖项 |  |
| 备注  事项 |  |
| 本人承诺：上述填写内容真实无误，符合招聘公告的应聘条件。如有不实，本人自愿放弃聘用资格并承担相应责任。  应聘人签字（盖指模）： 年 月 日 | |