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| 附件： | | | | | | | | | | | | | | | | |
| **贵州省中医类别助理全科医生培训报名表** | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | 出生日期 | | |  | | | | | | | 贴一寸彩照 | |
| 性 别 |  | | | | 籍 贯 | | |  | | | | | | |
| 名 族 |  | | | | 健康状况 | | |  | | | | | | |
| 政治面貌 |  | | | | 婚姻状况 | | |  | | | 既往  病史 | | | |  | |
| 外语水平 |  | | | | 学 历 | | |  | | |
| 毕业学校 |  | | | | 学 位 | | |  | | | 有无医师  执业证书 | | | |  | |
| 所学专业 |  | | | | | | | | | | 毕业时间 | | | |  | |
| 身份证号 |  | | | | | | | | | | 是否  应届生 | | | |  | |
| 培训基地志愿 |  | | | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | 家庭电话 | | |  | | | | | 邮编 | |  |
| 本人联系方式 | 手 机 | |  | | | | | 通讯地址 | | | | |  | | | |
| E-mail | |  | | | | | 其他方式 | | | | |  | | | |
| 工作（实习）经历 | | | | | | | | | | | | | | | | |
| 临床工作（实习）起止时间 | 医院名称 | | | 医院  级别 | | | 职务 | | 证明人 | | | 证明人现在何职 | | | 证明人  联系电话 | |
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| 参加中医类别助理全科医生培训最大的几点愿望 | |  | | | | | | | | | | | | | | |
| 参加中医类别助理全科医生培训最大的几点顾忌 | |  | | | | | | | | | | | | | | |
| 履历（包括中学以上学历） | | | | | | | | | | | | | | | | |
| 年月日 至 年月日 | | 何学校（单位） | | | | | | | | 何种学历（职业、职务） | | | | | | |
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| 单位意见 | | （盖章） | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | |
| 填表说明：工作（实习）经历中已工作者，二者均要填写，尚未参加工作者，需将所实习的科室如实填写。无工作单位人员其单位意见由档案所在部门负责填写。 | | | | | | | | | | | | | | | | |