|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **附件2：****广西中医药大学赛恩斯新医药学院2017年公开招聘人员报名登记表** |
|  |
| 填表日期：  | 年 月 日 |  | 报考岗位： | 　 |
| 姓 名 | 　 | 性 别 | 　 | 相片 |
| 出生年月 | 　 | 政治面貌 | 　 |
| 身份证号 | 　 | 现工作单位 | 　 |
| 家庭住址 | 　 | 联系电话 | 　 |
| 身高 |  | 体重 |  |
| 毕业院校及专业（最高学历） | 全日制教育学历 | 　 | 学 位 | 　 |
| 在职教育学历 | 　 | 学 位 | 　 |
| 从业资格证书 | 　 | 授予单位 | 　 | 取得时间 | 　 |
| 职称证书 |  | 授予单位 |  | 授予时间 |  |
| 学 | 起止时间 | 院校名称（从高中开始） | 专业或研究方向 |
| 习 |  |  |  |
| 经 | 　 | 　 | 　 |
| 历 | 　 | 　 | 　 |
| 工 | 起止时间 | 工作单位 | 工作岗位和职务 |
| 作 |  |  |  |
| 经 |  |  |  |
| 历 | 　 | 　 | 　 |
| 　 | 称谓 | 姓名 | 工作单位或学校名称 |
| 家 |  |  |  |
| 庭 |  |  |  |
| 成 | 　 | 　 | 　 |
| 员　 | 　 | 　 | 　 |
| 报名人承诺 | 本报名表所填内容正确无误，所提交的材料真实有效。如有虚假，本人愿承担由此而产生的一切后果。 |
|  签名： |
|  年 月 日 |
| 资格审查意见 |    |
|  审查人签名： |
|  年 月 日 |

 |