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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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 | | | | | | |