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| **2020年开封市妇产医院第二批公开招聘工作人员报名表** |
| 填表日期：     年    月    日 |
| 姓名 |   | 性别 |   | 民族 |   | 1寸彩色免冠照片 |
| 出生年月 |   | 籍贯 |   | 政治面貌 |   |
| 毕业院校 |   | 所学专业 |   |
| 学历和学位 |   | 毕业时间 |   | 专业技术任职资格 |   |
| 身份证号 |   | 联系电话 |   |
| 报考单位 |   | 岗位代码 |   |
| 本人简历 |   |
| 报名人承诺 |              本报名表所填内容正确无误，所提交的信息真实有效。如有虚假，本人愿承担由此产生的一切后果。                                                                                                                      报名人签字： |
| 资格审查意见 |             审查人签字：                                               年    月     日                                            |

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