附件2

湖北省2021年基层医疗卫生专业技术人员专项公开招聘资格复审表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个**  **人**  **基**  **本**  **情**  **况** | **姓 名** | | |  | | | | **性 别** | |  | **联系号码** | |  | | |
| **身份证号码** | | | | |  | | | | | | | | | |
| **政治面貌** | | | | |  | | | **执业资格证** | |  | | | | |
| **报考**  **学历** | |  | | | **毕业院校及专业** | | |  | | | **毕业**  **时间** | | |  |
| **报考单位** | | | | |  | | | **报考岗位** | |  | **岗位编码** | | |  |
| **工作简历** | | | |  | | | | | | | | | | |
| **获奖情况** | | | |  | | | | | | | | | | |
| **家庭详细**  **住址** | | | |  | | | | | | | | | | |
| **审　　查　　记　　录** | **项　　目** | | | | | | **情况记录** | | | | **审查意见** | | | **审查人签名** | |
| **毕业证** | | | | | |  | | | |  | | |  | |
| **学位证** | | | | | |  | | | |  | | |  | |
| **身份证** | | | | | |  | | | |  | | |  | |
| **执业资格证、职称证** | | | | | |  | | | |  | | |  | |
| **考 生**  **承 诺** | | **本人承诺，提供复审材料真实。如情况不实，由本人承担一切后果。**  **承诺考生签名：** | | | | | | | | | | | | | |