**海南医学院公开选调干部报名表**

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| **姓 名** |  | | | **性 别** |  | | | **民 族** | |  | **籍 贯** | |  | | 照片 |
| **出生**  **年月** |  | | | **参加工**  **作时间** |  | | | **入党**  **时间** | |  | **职称及**  **取得时间** | |  | |
| **最高**  **学历** | | **□本科 □研究生** | | | | | | **最高**  **学位** | | **□学士 □硕士**  **□博士** | | | | |
| **所学专业** | |  | | | | | | **现所在单位**  **及职务职级** | | |  | | | | |
| **报名岗位** | |  | | | | | | | | | | | | | |
| **是否愿意服**  **从岗位调整** | | **□是 □否** | | | | | | | | | | | | | |
| **主要**  **学习**  **工作**  **经历**  **（大学**  **填起）** | **年 月 至 年 月** | | | | | **在何单位** | | | | | | | | **任何职务** | |
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| **奖 惩 情 况** | **何 时** | | **何地** | | | | **何 原 因 受 过 何 奖 励 或 处 分** | | | | | | | | |
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| **家庭成员及主要社会关系** | **姓名** | | **称谓** | | | | **出生年月** | | **政治**  **面貌** | | | **工作单位及职务** | | | |
|  | | 配偶 | | | |  | |  | | |  | | | |
|  | | 儿女 | | | |  | |  | | |  | | | |
|  | | 儿女 | | | |  | |  | | |  | | | |
|  | | 父亲 | | | |  | |  | | |  | | | |
|  | | 母亲 | | | |  | |  | | |  | | | |
| **申请人承诺：**  本表所填内容均真实有效。如有虚假信息，本人愿承担一切责任。  申请人签名：  年 月 日 | | | | | | | | | | | | | | | |