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| 重庆中医药学院非在编人员报名表 | | | | | | | | | | | | |
| **基本**  **情况** | 姓 名 |  | | 性 别 |  |  | 出生年月 | |  | | 照片 | |
| 籍 贯 | |  | 民 族 | |  | 出生地 | |  | |
| 政治面貌 | |  | 现职称 | |  | | | | |
| 身份证号 | |  | | | | | | | |
| 通信地址 | |  | | | | | | | |
| 现工作单位 | |  | | | | | | | | | |
| 联系电话 | |  | | | | | | | | | |
| 电子邮件 | |  | | | | | | | | | |
| 应聘岗位 | |  | | | | | | | | | |
| **学习**  **经历** | 起止年月 | | 毕业院校 | | 所学学科（专业） | | | 研究方向 | | 学历/学位 | | 导师姓名 |
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| **工作**  **经历** | 起止年月 | | 工作单位 | | | | | | 担任职务/从事岗位 | | | |
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| **家庭主要成员情况** | 关系 | | 姓名 | 出生日期 | 政治面貌 | 工作单位及职务 | | | | | | |
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| **本人承诺** | | **表中所填信息和提供的所有材料均属实。否则，一切后果由本人承担！**  本人签字： 年 月 日 | | | | | | | | | | |