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| **成都医学会工作人员招聘报名表** | | | | | | |
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| **姓 名** |  | **性 别** |  | **出生年月** |  | **照片** |
| **民族** |  | **籍贯** |  | **参加工作时间** |  |
| **身份证号** |  | | | **健康状况** |  |
| **现工作 单位** |  | | | **工作岗位** |  |
| **学历** | **全日制教育** |  | **毕业院校系及专业** | |  | |
| **在职教育** |  | **毕业院校系及专业** | |  | |
| **职称** | |  | **取得时间** |  | **证书编号** |  |
| **联系电话** |  | | | | | |
| **工作（进修）简历** | **起 止 时 间** | | **单位** | | | **职务（岗位）** |
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