**广安市人民医院住院医师规范化培训报名表**

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| 姓 名 |  | | 年 龄 | | | |  | | | | 政治面貌 | | | | |  | | | | | 免冠两寸彩色相片 | |
| 性 别 |  | | 籍 贯 | | | |  | | | | 婚姻状况 | | | | |  | | | | |
| 民 族 |  | | 身 高 | | | |  | | | | 既往病史 | | | | |  | | | | |
| 特 长 |  | | 体 重 | | | |  | | | | 健康状况 | | | | |  | | | | |
| 专 业 |  | | 学 历 | | | |  | | | | 是否应届 | | | | |  | | | | |
| 英语级别 |  | | 学 位 | | | |  | | | | 有无医师执照 | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | 毕业时间 | | | | |  | | | | |
| 身份证号码 |  | | | | | | | | | | | | | | 邮政编码 | | | | |  | | |
| 培训志愿 | 第一 | | | | | | | 第二 | | | | | | | | | 第三 | | | | | |
| 家庭住址 |  | | | | | | | 邮 箱 | | | |  | | | | | QQ | |  | | | |
| 移动电话 |  | | | | | 联系人电话 | | | |  | | | | | | | 固定电话 | |  | | | |
| 何时何地何事  受过何种奖励  （可加页附后） | |  | | | | | | | | | | | | | | | | | | | | |
| 临 床 轮 转 经 历 | | | | | | | | | | | | | | | | | | | | | | |
| 医 院 名 称 | | 等 级 | 科 室 | | 轮转起止时间 | | | | | | 工作表现 | | | 证明人 | | | | 证明人职务 | | | | 证明人联系电话 |
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| 学 习 经 历 | | | | | | | | | | | | | | | | | | | | | | |
| 学校名称 | 学习起止时间 | | | 所学专业 | | | | | 学位 | | | | 证明人 | | | | | 证明人职务 | | | | 证明人联系电话 |
|  |  | | |  | | | | |  | | | |  | | | | |  | | | |  |
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| 申请人意见 | 本人志愿参加住院医师规范化培训，并遵守培训合同和基地医院相关规定。    申请人签字： 时间： | | | | | | | | | | | | | | | | | | | | | |