**附件2 深圳市儿童医院住院医师规范化培训学员报名**

填表日期

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| 姓 名 |  | 性别 | |  | | 民族 |  | | 籍贯 |  | | | 照 片 |
| 出生日期 |  | 政治面貌 | |  | | 英语级别 及分数 |  | | 毕业时间 |  | | |  |
| 最高学历 /学位 |  | 毕业院校 | |  | | | | | 所学 专业 |  | | |  |
| 身份证号 |  | | | | | | 报考专业 | |  | | | | |
| 主要学习经历（从高中开始填写） | 起止年月 | | 学校名称 | | | | | | 专业 | | 学位 | 所获奖励 | |
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| 主要工作（或实习）经历 | 起止年月 | | 单位名称 | | | | | | 部门 | | 职务 | 离开原因 | |
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| 家庭成员 及主要 社会关系 | 姓 名 | | 出生年月 | | 与本人关系 | | | | 单位及职务 | | | 政治面貌 | |
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| 特长及业绩 (包括获奖、SCI等情况) |  | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | Email | | |  | | |
| 通讯地址 |  | | | | | | | 邮编 | | |  | | |