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| **桂平市人民医院专业技术人员招聘报名表** | | | | | | | | | | | | | | | | |
| **序号** | **应聘岗位** | **姓名** | **性别** | **出生 年月** | **民族** | **是否党员** | **毕业院校** | **专业** | **毕业时间** | **学历** | **学位** | **实习单位/工作单位** | **户籍所在地（县市区）** | **身份证号** | **联系电话** | **是否有执业证、规培证** |
| **例1** | **XX科医师** | **李四** | **男** | **1992.11** | **汉** | **否** | **广西医科大学** | **临床医学** | **2017.07** | **研究生** | **硕士** | **区人民医院** | **南宁市** | **450803199211XXXXXX** | **138XXXXXXXX** |  |
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