**附件**

**遂宁市第一人民医院**

**护士规范化培训报名登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 | |  | | | 出生日期 | | |  | 标  准  照  片 | | |
| 民 族 |  | | | 政治面貌 | |  | | | 籍 贯 | | |  |
| 婚姻状况 |  | | | 身 高 | |  | | | 是否取得执业证 | | |  |
| 学 历 |  | | | 学 位 | |  | | | 外语程度 | | |  |
| 毕业院校专业 |  | | | | | | | | | | | |
| 家庭电话 |  | | | 手机号码 | |  | | | | | | |
| 身份证号 | | | |  | | 现居住地地址 | | | | | |  | | | |
| **学**  **习**  **及**  **工**  **作**  **经**  **历** |  | | | | | | | | | | | | | | |
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| **校内任职及**  **社团活动情况** |  | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员** | **姓名** | | **性别** | | **称呼** | | | **年龄** | | **工作单位** | | | | | **职务** |
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| **有何特长** | | |  | | | | | | | | | | | | |
| **资格审查人员** | | | **初审人员签字** | | | | | | | | **复审人员签字** | | | | |
|  | | | | | | | |  | | | | |
| **笔试成绩** | | **面试成绩** | | | | | **总分数** | | | | **身高** | | | **签名** | |
|  | |  | | | | |  | | | |  | | |  | |