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| 附件  **嘉兴市医疗保障局南湖分局公开选调工作人员报名表** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 姓 名 |  | | | | 身份证号 | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 贴 　　 一 寸 　 近 照 |  |
| 民 族 |  | | | | 性 别 | |  | | | | | | | 政治面貌 | | | | |  | | | | | | | |  |
|  |
| 家庭 住址 |  | | | | | | | | | | | | | 婚姻状况 | | | | |  | | | | | | | |  |
|  |
| 现工作单位及  职务（或岗位） | | |  | | | | | | | | | | | | | | | | 何时何种形式进入公务员队伍 | | | | | | |  | |  |
| 学历  学位 | | 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 | | | | | | |  | | | | | | | | | | | | | | |
| 移动电话 | |  | | | | | 固定电话 | | | | | |  | | | | | | Email | | | | |  | | | |  |
| 主要家庭成员及社会关系 | | 称谓 | | 姓名 | | 出生  年月 | | | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | | | |  |
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| 历年考核及奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |
| 工作简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |
| 所在单位、主管部门 意见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |  |