附件1

报名意向申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | |  | | 民族 |  | | | 出生  年月 |  | （贴照片） |
| 政治面貌 | | | |  | | | | 身份证号码 | | | |  | |
| 现户籍所在地 | | | |  | | | | | | | | | |
| 家庭住址 | | | |  | | | 联系电话 | | | |  | | |
| 取得医学  学历时间 | | | |  | 毕业学校 | | | | |  | | | | |
| 拟申报村卫生室名称 | 1 | | | |  | | | | | | | | | |
| 2 | | | |  | | | | | | | | | |
| 3 | | | |  | | | | | | | | | |
| 4 | | | |  | | | | | | | | | |
| 5 | | | |  | | | | | | | | | |
| 本人承诺 | | | 本人服从调剂，服从工作安排。  申请人签字（按红指印）： 年 月 日 | | | | | | | | | | | |