附件：

**南宁市第二人民医院（广西医科大学第三附属医院）**

**住院医师规范化培训报名表**

**报名培训专业： 身份：□单位人 □社会人**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 出生日期 | | | |  | | | | | | 政治面貌 | | |  | | | | | | | 贴  一  寸  彩  照 |
| 性 别 | |  | | 籍 贯 | | | |  | | | | | | 婚姻状况 | | |  | | | | | | |
| 民 族 | |  | | 健康状况 | | | |  | | | | | | 既往病史 | | |  | | | | | | |
| 学 历 | |  | | 体 重 | | | |  | | | | | | 身 高 | | |  | | | | | | |
| 所学专业 | | |  | | | | 学位（科学、专业） | | | | | |  | | | | | 有无医师执照 | | | | |  | |
| 毕业学校 | | |  | | | | | | | | | | | | | | | 毕业时间 | | | | |  | |
| 身份证号 | | |  | | | | | | | | | | | | | | | 是否应届生 | | | | |  | |
| 生源地 省 市 [县、区] | | | | | | | | | | | 家庭住址 邮编 | | | | | | | | | | | | | |
| 本人联系方式 | | | 手机 | | |  | | | | | | | | | | 家庭电话 | | | | | |  | | |
| E-mail | | |  | | | | | | | | | | QQ或微信号 | | | | | |  | | |
| 工 作 （实习） 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 临床工作起止时间 | 时间长度 | | 医院  名称 | | 医院级别 | | | | 科室 | | | 职务 | | | | 证明人 | | | | 证明人  现任何职 | | | 证明人  联系电话 | |
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| 英语水平 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 有何特长 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 曾获奖励 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 参加住院医师  培训最大的几点愿望及顾虑 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 履历（包括高中以上学历） | | | | | | | | | | | | | | | | | | | | | | | | |
| 年月日至年月日 | | | 何单位 | | | | | | | 任何职 | | | | | | | | | 证明人及联系方式 | | | | | |
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| 南宁市  联络人员 | | | 姓 名 | | | | 关 系 | | | | | | | | 工作单位 | | | | | | 联络方法 | | | |
|  | | | |  | | | | | | | |  | | | | | |  | | | |
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| 申请人  意见 | | | 本人自愿参加住院医师规范化培训，保证填报的信息及材料真实，并遵守培训合同。  签名  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | |  | | | | | | | | | | | | | | | | | | | | | |