**南京医科大学附属口腔医院住院医师规范化培训学员报名登记表**

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| **基 本 情 况** | 姓名 |  | | | | | | | 性别 | | |  | | | | 出生年月 | | | |  | | | | （贴照片处） |
| 政治面貌 |  | | | | | | | 民族 | | |  | | | | 健康状况 | | | |  | | | |
| 身份证号 |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |
| 外语水平 |  | | | | | | | 计算机能力 | | | | |  | | | | | | | | | |
| 最高学历 |  | | | | | | | 毕业证书编号 | | | | |  | | | | | | | | | | |
| 最高学位 |  | | | | | | | 学位证书编号 | | | | |  | | | | | | | | | | |
| 学位类型 | □科学型 □专业型 | | | | | | | 通讯地址 | | | | |  | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | 住宅电话 | | | | |  | | | | | | 手机 | | | |  |
| **报 名 情 况** | 报考培训专业 | | | | | |  | | | | | | | 执业范围 | | | | | |  | | | | |
| 医师资格证书取得时间 | | | | | |  | | | | | | | 医师资格证书编号 | | | | | |  | | | | |
| 医师执业证书取得时间 | | | | | |  | | | | | | | 医师执业证书编号 | | | | | |  | | | | |
| **教 育 情 况** | 入学日期 | | 毕业日期 | | | | 学校名称 | | | | | | | 专业 | | | | | | 学历 | | | | 学位 |
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| **工 作 情 况** | 拟培训学员类型： 社会化学员（） 联合培养学员（），应届社会化学员可以不填写工作情况。 | | | | | | | | | | | | | | | | | | | | | | | |
| 工作时间 | | | | | | 单位名称 | | | | | | | 单位级别 | | | | | | 从事岗位 | | | | |
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| **个 人 承 诺** | **1、本人承诺以上信息真实可靠。**  **2、本人自愿全程在南京医科大学附属口腔医院或其协同基地接受住院医师规范化培训。**  **本人签字：** 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |