**南宁市青秀区食品药品监督管理局报名登记表**

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| 姓　名 | |  | | | 性　别 | |  | | | 出　生  年　月 | | |  | | | 照  片 |
| 民　族 | |  | | | 籍　贯 | |  | | | 出生地 | | |  | | |
| 参加工  作年月 | |  | | | 入　党  年　月 | |  | | | 健　康  状　况 | | |  | | |
| 专业技  术职务 | |  | | | | 熟悉专业  有何专长 | |  | | | | | | | |
| 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 | | |  | | | | | |
| 工作单位及职务 | | | |  | | | | | | | | | | | | |
| 现任职级 | | |  | | | | | | 任现职级  时　　间 | | | | |  | | |
| 联系电话 | | |  | | | | | | | | | 身份证号 | | |  | |
| 工  作  简  历 |  | | | | | | | | | | | | | | | |

注：“入党年月”栏是非中共党员的填写党派名称及加入时间。

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| 奖惩情况 | |  | | | | |
| 家庭主要成员及主要社会关系 | 称谓 | | 姓　名 | 出生年月 | 政治面貌 | 工作单位及职务 |
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| 资格审查意见 | （盖章）  年 月 日 | | | | | |