**苏州市独墅湖医院（苏州大学医学中心）**

**应届毕业生简历**

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| 姓 名 |  | | | 性别 |  | | 民族 | |  | | | 照片 | |
| 出生年月 |  | | | 政治  面貌 |  | | 婚姻  状况 | |  | | |
| 身份证号码 |  | | | | | | 籍贯 | |  | | |
| 户籍  所在地 |  | | | | | | | | | | |
| 现居住地址 |  | | | | | | | | | | | | |
| 个人档案  所在地 |  | | | | | | | | | | | | |
| 手机号码 |  | | | 家庭电话 |  | | | 邮箱 | |  | | | |
| 意向科室 |  | | | | | | | | | | | | |
| 教育经历  (从初中开始) | 学历 | | 起止时间  (yyyy/mm-yyyy/mm) | | 学校名称 | | | | | | 专业 | | 学习形式 |
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| 工作(实习)经历  (如有，请从首次参加工作开始填写) | 起止时间  (yyyy/mm—yyyy/mm) | | | | 工作(实习)单位名称 | | | | | | 岗位 | | 职务 |
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| 国内外进修学习情况 | | | | | | | 奖惩情况 | | | | | | |
| 起止时间  (yyyy/mm—yyyy/mm) | | 地点 | | 进修学习/培训单位 | | | 时间 | | | | 奖惩名称 | | 奖惩单位 |
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| **获得证书情况** | | 证书名称 | | 证书编号 | | | | | | | 获得时间 | | 备注 |
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| **备注：所获证书是指“医师资格证”、“医师执业证”及其他与工作相关的证书** | | | | | | | | | | | |
| **家庭主要成员**  (父母、配偶及子女) | | 姓名 | | 称谓 | | 年龄 | 工作单位 | | | | | | 职务 |
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