附件1：

**2020年杭州市临安区卫健系统高层次和紧缺专业人才引进需求计划**

| **单  位** | **招聘岗位 (专业)** | **招聘  人数** | **专业要求** | **学历（学位）职称** | **联系电话及邮箱** | **单位地址及联系部门** |
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| 杭州市临安区  中医院 | 超声 | 1 | 临床医学（心电与超声方向） | 全日制本科第二批及以上学历或副高及以上职称 | 0571-61071360  3234600868@qq.com | 浙江省杭州市临安区城中街8号，部门：医院人力资源与绩效管理办公室 |
| 中医内科 | 5 | 中医内科、中西医结合临床 | 全日制硕士及以上学历或副高及以上职称 |
| 麻醉 | 1 | 临床医学、麻醉学 | 全日制本科第二批及以上学历或副高及以上职称 |

附件2

2020年杭州市临安区卫健系统引进高层次紧缺专业人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | |  | | | 出生年月 | | | | |  | | | | | 籍贯 | | | |  | | | | 照片 |
| 身份证号 | | |  |  |  |  | |  | |  |  | |  |  |  | | |  |  |  |  | | |  |  | | |  |  |
| 毕业时间、院校、专业及学位 | | | 本科 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 研究生 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 本科录取医学类批次（填第一批或第二批） | | | | | | |  | | | | | | | | | 职称或其他资质 | | | | | | | | | | |  | | | |
| 报考岗位 | | 医  院 | | | | | | | | | | | | | | | | | | | | | 招聘岗位 | | | | | | | |
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| 是否愿意调配至其他医院：是□      否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | |
| 获奖情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习和工作经历（从高中填起） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审核意见 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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本人保证报名所提供的个人信息真实、准确、完整，若弄虚作假，本人承担一切后果。

  本人签名：

年     月    日