重庆市涪陵区疾病预防控制中心

报名登记表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | 出生  年月 | |  | 照  片 |
| 籍贯 | |  | | 民族 |  | 学历 | |  |
| 通讯住址 | | |  | | | | | |
| 联系电话 | | |  | | | | 电子  邮箱 |  | |
| 简历 |  | | | | | | | | |
| 备注 |  | | | | | | | | |