|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | ${name} | **性别** | | ${gender} | | **民族** | ${nation} | **贴照片处** | |
| **出生日期** | ${birthday} | **手机号码** | | ${telephone} | | | |
| **籍贯** | ${birthplace} | **电子邮箱** | | ${email} | | | |
| **身份证号码** | ${id\_no} | | | | | | |
| **家属姓名** | ${relation} | | **与本人关系** | | ${relationship} | | **联系电话** | ${relation\_phone} | |
| **单位主管姓名** | ${director} | | **主管职务** | | ${director\_duty} | | **联系电话** | ${director\_phone} | |
| **技术职称** | ${tech\_duty} | | **行政职务** | | ${admin\_duty} | | **学历** | ${degree} | |
| **工作单位** | ${organization} | | | | | | **单位级别** | ${org\_rank} | |
| **医师资格证书编码** | ${certification\_id} | | | | **从事专业** | | ${major} | | |
| **单位所在地域** | ${region} | | | | **邮政编码** | | ${zip\_code} | | |
| **单位通讯地址** | ${address} | | | | | | **住宿需求** | | ${accommodation} |
| **工作经历** | ${Resume} | | | | | | | | |
| **学习经历** | ${Education} | | | | | | | | |
| **主要论文/**  **科研情况** | ${Paper} | | | | | | | | |
| **拟参加进修班** | ${course} | | | | | | | | |
| **选送单位意见** | (单位盖章) 年 月 日 | | | | | | | | |