附件1：

**报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 出生年月 |  | | 年龄 |  | | 民族 | |  | |  |
| 性别 |  | 户口性质 |  | | 政治面貌 |  | | 健康情况 | |  | |
| 身份证号 |  | | 籍贯 | |  | | | | | | |
| 现居住地址 |  | | | | | | | | | | |
| 联系电话 |  | | | | 紧急联系人电话 | | | |  | | |
| 学历 |  | 毕业时间 |  | | 身高 |  | | | 体重 | |  |
| 毕业学校 |  | | | | 专业 | | |  | | | | |
| 项目 | 年月至年月 | | 在何单位学习/工作 | | | | | | | | | 职务 |
| 教育及培训经历（从高中开始） |  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
| 工作经历 |  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
|  | |  | | | | | | | | |  |
| 家庭成员 | 姓名 | 与本人关系 | | 身份证号 | | | 联系电话 | | | 工作单位或家庭住址 | | |
|  |  | |  | | |  | | |  | | |
|  |  | |  | | |  | | |  | | |
|  |  | |  | | |  | | |  | | |
|  |  | |  | | |  | | |  | | |
|  |  | |  | | |  | | |  | | |
| 个人特长 |  | | | | | | | | | | | |
| 有无重大疾病 | 🞎 无  🞎 有，具体病情描述： 。 | | | | | | | | | | | |