四川大学华西第二医院中层领导人员申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | 出生年月 | | |  | | | |
| 政治面貌 | |  | | 现在部门（科室） | | | |  | | | | | 职务 |  |
| 专业技术职务 | | |  | | 学 历 | | |  | | 来院时间 | | |  | |
| 联系电话 | | |  | | | | | 邮 箱 | |  | | | | |
| ＱＱ号 | | |  | | | | | 微信号 | |  | | | | |
|  | | | | | 部门（科室） | | | | 岗 位 | | | 申报原岗位是否述职 | | |
| 申报岗位 | | | | |  | | | |  | | |  | | |
| 是否服从组织安排 | | | | |  | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | |
| 个人签名 | | | | | |  | | | | | | | | |

201 年 月 日