新乡医学院学习管理员信息登记表

单 位： （盖章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基 本 信 息** | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | | 曾 用 名 | | | | |  | | | | | 照 片 |
| 性 别 | | |  | | | | | 出生年月 | | | | |  | | | | |
| 籍 贯 | | |  | | | | | 出生地 | | | | |  | | | | |
| 民 族 | | |  | | | | | 婚姻状况 | | | | |  | | | | |
| 身份证号码 | | |  | | | | | | | | | | 政治面貌 | | | | |  |
| 工作单位  及职务 | | |  | | | | | | | | | | 参加工作时间 | | | | |  |
| 学历/学位 | | |  | | | | | | | | | | 专业技术职务 | | | | |  |
| 毕业学校 | | |  | | | | | | | | | | 专 业 | | | | |  |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | |
| **学 习 简 历**  **（从高中填起）** | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 学 校 及 专 业 | | | | | | | 毕（结、 肄）业 | | | | | | 证明人 | | |
|  | | |  | | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | |  | | | | | |  | | |
| **工 作 经 历** | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | 单 位 及 职 务 | | | | | | | | | | 证明人 | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
| **家 庭 成 员** | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | 性别 | | 出生  日期 | | 文化  程度 | | | 政治  面貌 | | 工作单位 | | | | | |
|  |  | | |  | |  | |  | | |  | |  | | | | | |
|  |  | | |  | |  | |  | | |  | |  | | | | | |
|  |  | | |  | |  | |  | | |  | |  | | | | | |
|  |  | | |  | |  | |  | | |  | |  | | | | | |
| **联 系 方 式** | | | | | | | | | | | | | | | | | | |
| 本人联系方式 | | | |  | | | | | 紧急联系人  及联系方式 | | | | |  | | | | |

本人保证以上信息真实、准确。

填表人签名： 年 月 日